Everton in the Community

Edge Hill University

Enacting community sport policy for health: a case study of Active Blues

Thesis submitted in accordance with the requirements of Edge Hill University for the degree of Doctor in Philosophy

by

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May 2019

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Acknowledgements

I am indebted to many people who have given me their support throughout my PhD journey and without whom the submission of this thesis would not be possible. First, my lead supervisor, Andy Smith, who has shown the patience of a saint and an unwavering belief that I would overcome the various challenges along this journey. Your guidance and teachings have helped me progress in a way I did not think possible, but it was the way you did this, with great passion and interest, which has added to my experience immeasurably. We encountered a few bumps in the road along the way but you have always been there to help me navigate them and, for that, I will be forever grateful along with our friendship that has emerged over the last three years. I must also thank the other invaluable member of my supervisory team, Dave Haycock, who has always allowed me to knock on his door and have endless discussions about the findings, among other things. In these conversations, you frequently challenged me to grasp the theory to explain these findings which enabled me to grow as a researcher in a relatively new subject area. Like Andy, you too have been a great friend in difficult times which I will never forget. Oh, and thanks for helping me decipher Andy's annotated feedback.

In my thesis, I have argued that successful partnership work relies upon the people who work within organisations. I have also found this to be evident throughout the PhD process and I am thankful that Everton in the Community (EitC) employed Mike Salla, since he allowed me the autonomy to shape and conduct my research as I desired and was always willing to support this in whatever way was needed. I would also like to thank all the staff at EitC and students from Edge Hill University (EHU) who were involved in the engagement, recruitment, and delivery aspects of AB along with all the participants who took part in the research. Without them, this PhD would not have been possible.

Finally, I'd like to thank those who supported me away from my PhD work. To my special Mum, you have shown me how be strong and persevere in life, no matter what the challenge. Without the upbringing you gave me, along with the support at various stages throughout my PhD, I would not be in position I am today. And it is with a heavy heart I must finish by thanking those who are no longer here. To Grandad, my hero, I am sorry you are not here at the end, but you inspired me to begin. Your encouragement, along with Nana's keen interest, motivated me to keep me going. I miss you both dearly and I hope wherever you are you can see that I did it.

Abstract

Over the last three decades there has been growing concern in England, as elsewhere, about low levels of population sport and physical activity participation, rates of physical inactivity, and the state of the nation's health. Most recently, government sport policy has claimed that community sport can be an effective vehicle through which to increase levels of physical activity (PA), reduce physical inactivity and address various wider social outcomes, particularly in relation to health (Her Majesty's Government [HMG], 2015; Sport England, 2016). This thesis examines aspects of the formulation and enactment of Sport England's (SE's) community sport policy for health, *Get Healthy, Get Active* (*GHGA*), via a case study of Active Blues (*AB*) – a community-focused project intended to enable currently inactive men aged 35-50-years-old to become physically active at least once per week through sport. In particular, the thesis draws upon data generated by semi-structured interviews and group interviews held with 67 men to examine, from the perspective of figurational sociology, the degree to which the Government was able to achieve their sport participation and health policy goals through *GHGA*. The views and experiences of two current or former senior representatives of Sport England as well as one senior representative and four delivery staff from Everton in the Community (EitC), who delivered *AB*, are also included to represent other constituent parts of the sport policy figuration which is examined here. The findings reveal how the sport and public health policy sectors are increasingly converging, and the boundaries between them blurring, in ways that shaped the formulation and enactment of the Government's community sport policy. The research reported here builds upon the limited number of previously published studies which have used figurational sociology to examine community sport and PA policy and demonstrates how complex processes of policy formulation and enactment are constrained by the dynamic networks of interdependent relationships (or figurations) and the differential distribution of power between individuals and groups. In particular, the Eliasian concepts of figurations, interdependence, process, power and intended and unintended outcomes are shown to be particularly helpful in explaining how *GHGA* was first developed and subsequently shaped the design and delivery of programmes such as *AB*. The enabling and constraining elements of the interdependent relationships which characterised the sport policy figuration helped to explain the complexities experienced, and challenges faced, by those responsible for enacting government policy 'on the ground'. The changing balances of power within these interdependency networks, it is claimed, also draws attention to the fact that no one group, even a group as powerful as government, are able to retain complete control over the policy process so that they are able to pursue effectively their intended policy goals.

Glossary of terms, abbreviations and acronyms

AB	Active Blues
BNENC	Breckfield North Everton Neighbourhood Council
CCG	Clinical Commissioning Group
CCT	Compulsory Competitive Tendering
CCPR	Central Council for Physical Recreation
DCMS	Department for Culture, Media and Sport
DoE	Department of the Environment
DoH	Department of Health
DNH	Department of National Heritage
EFC	Everton Football Club
EHU	Edge Hill University
EitC	Everton in the Community
EuroFit	European Fans in Training
FFIT	Football Fans in Training
FG	Focus Group
FitC	Football in the Community
GHGA	Get Healthy, Get Active
GI	Group Interview
HASE	Health and Sport Engagement Intervention and Evaluation Project
HMG	Her Majesty's Government
IPAQ	International Physical Activity Questionnaire
LCC	Liverpool City Council
LFC	Liverpool Football Club
LNI	Lads Night In
MHCLG	Ministry of Housing, Communities and Local Government
NCD	Non-Communicable Disease
NHS	National Health Service
ONS	Office of National Statistics
PA	Physical Activity
PAGAC	Physical Activity Guidelines Advisory Committee
PHE	Public Health England
PIA	Physical Inactivity
QALY	Quality-Adjusted Life Year
RCT	Randomised Control Trial
RGSC	Registrar General's Social Class
RPP	Research-Policy-Practice
SE	Sport England
SF	Sporting Future: A Strategy for an Active Nation
SFfA	A Sporting Future for All
SIM	Single Item Measure
S:RTG	Sport: Raising the Game
SSI	Semi-Structured Interview
TaAN	Towards an Active Nation
WHO	World Health Organisation

Introduction

In 2018, the World Health Organisation (WHO) claimed that sport was 'an underutilized yet important contributor to physical activity (PA) for people of all ages, in addition to providing significant social, cultural and economic benefits to communities and nations' (WHO, 2018: 17). In their *Global Action Plan on Physical Activity 2018-2030*, sport was viewed as a 'catalyst and inspiration' for increasing population levels of PA and 'strengthening access to, and the promotion of participation in, sports and active recreation, across all ages and abilities' (WHO, 2018: 17) was seen as an essential part of future policy. In the same year, the *Physical Activity Guidelines Advisory Committee Scientific Report* was published in the USA which highlighted further health benefits, in addition to those commonly recognised (e.g. reduce heart disease, stroke, diabetes and hypertension), of regular participation in PA, such as improved cognitive function, reduced risk of dementia, and reduced risk of specific cancers (Physical Activity Guidelines Advisory Committee [PAGAC], 2018). PA was also promoted as an important means of managing existing chronic disease among adults as well as preventing the development of new chronic conditions (PAGAC, 2018).

The view that physical activity or exercise is important in reducing the risk of NCDs (PAGAC, 2018; WHO, 2010, 2018) is not a new one, yet despite the well-known benefits of physical activity and exercise for public health (Mansfield, 2016, 2018; Milton *et al*., 2018; Waddington, 2000), many adults globally are insufficiently active to accrue these benefits. One consequence of the many costs physical inactivity (PIA) has to individuals, communities and societies (Public Health England [PHE], 2016)

has been the continued emphasis in the policies of many governments on the need to promote individual and population level physical activity, including through sport. For example, in England – the focus of this study – sport policy has since the 1990s in particular been characterized by an increasing emphasis on the alleged role of sport in promoting PA and reducing PIA (Department of Culture, Media and Sport [DCMS], 2000; DCMS/Strategy Unit, 2002; Department of National Heritage, 1995). Most recently, in *Sporting Future* (*SF*) and *Towards an Active Nation* (*TaAN*), sport is promoted as a means of increasing PA and improving health by focusing upon the achievement of broader social outcomes, including in relation to physical and mental wellbeing, individual development, social and community development and economic development (HMG, 2015; Sport England, 2016).

This current political and policy interest in sport, PA and exercise as a means of public health promotion is part of a broader process associated with what Waddington (2000) terms the 'sport-health ideology', which refers to the view that sport participation is necessarily and unambiguously beneficial for health and that being physically active is essential for leading a healthy lifestyle (Gibson and Malcolm, 2019; Malcolm and Gibson, 2018; Waddington, 2000). However, despite the claimed effectiveness of using sport to improve public health, there is currently a distinct lack of evidence to support this notion (Malcolm and Gibson, 2018; Kay, 2016; Mansfield, 2018; Mansfield and Piggin, 2016; Smith *et al*., 2019; Waddington, 2000; Weed, 2016, 2017). Indeed, when referring to the health-enhancing benefits of sport, many of the studies cited in sport policy tend to refer not to sport, but to PA or exercise (Malcolm and Pullen, 2017; Waddington, 2000; Waddington and Smith, 2009), and often neglect evidence on the health costs of sport participation, including sports injuries and the

constraints on people to continue competing when injured or in pain (Malcolm, 2017; Pike, 2015; Pullen and Malcolm, 2017; Roderick *et al*., 2000). Indeed, Malcolm and Gibson (2018: 169) suggest that such is the strength of the sport-health ideology it 'blinds policy-makers and the public to the scale and social impact of sports injuries and fosters the idea that such injuries are "normal", not particularly serious, unfortunate but an unavoidable part of living'. It also overlooks the fact that sport, unlike PA or exercise, involves distinct figurations or interdependencies which to varying degrees, and in complex ways, constrains those who play to take risks which often have health consequences (Malcolm and Gibson, 2018; Pike, 2015; Waddington, 2000).

Despite the lack of evidence and largely ideological character of much government sport policy in England (and elsewhere), the promotion of sport as a means of increasing PA and public health now dominates much sport policy, including *SF* and *TaAN*, and related government programmes such as *Get Healthy, Get Active* (*GHGA*). In 2013, SE allocated £13.8 million to the *GHGA* initiative which sought to better understand how sport could be used to engage inactive adults (SE, 2016b). SE (2016b) highlighted the need for research in the area and initially invested in 14 projects which tackled PIA and which would be independently evaluated. A further 16 projects were supported in 2015 as a second round of *GHGA* funding was launched, with Everton in the Community (EitC) (the official charity of Everton Football Club) being one of the successful applicants to deliver *Active Blues* (*AB*), a community-based programme that would support inactive men aged 35-50-years-old to become physically active at least once per week through participation in sport. *AB* would be based in four electoral wards throughout North Liverpool, which were among the most deprived in England,

and enable these types of men to adopt healthier lifestyles and reduce health inequalities that lead to type 2 diabetes, musculoskeletal conditions, obesity, isolation and loneliness, poor mental health and cardiovascular disease (EitC, 2018).

The current study

As part of its longstanding partnership with EitC, EHU was invited to act as the evaluation partner of *AB* and the research reported in this thesis is taken from part of that evaluation process. The focus of this thesis is specifically on what can be learned about the increasing alignment of the sport and health policy sectors, how this impacts upon the ability of government to achieve its sport and related public health policy goals, and how this shapes people's experiences of the *AB* community-based sport and health programme. In particular, the central research questions of this thesis are:

(i) To what extent are the government able to achieve their sport and health policy goals through *GHGA* via an analysis of *AB*?

(ii) What are the experiences of the various individuals and groups involved in the formulation of *GHGA* and SE's policy objectives as articulated in *AB*?

(iii) What are the experiences of the various individuals and groups involved in the enactment of *GHGA* and SE's policy objectives as articulated in *AB*?

(iv) In light of the political priorities of the Government and Sport England, how was *AB* monitored and evaluated and how did this impact on the experiences of its delivery staff and participants?

To help answer these questions, figurational sociology will be used as a theoretical framework to understand whether some of the concepts proposed by Elias (1897-

1990) help to explain the policy process, and especially the formulation and enactment of sport policy intended to promote public health. It makes a significant and original contribution to knowledge in three main ways. Firstly, with some exceptions (e.g. Bloyce and Smith, 2010; Bloyce and Lovett, 2012; Bloyce *et al*., 2008; Gibson and Malcolm, 2019; Lovett and Bloyce, 2017; Malcolm and Gibson, 2018; Smith *et al*., 2019), figurational sociology has been rarely used to examine community and PA sport policy even though the process of policy formulation and enactment have been shown to be constrained by the complex networks of interdependent relationships (or figurations) and differential distribution of power between individuals and groups – ideas which were at the heart of Elias's work (Bloyce *et al*., 2008; Smith *et al*., 2019).

Secondly, there is currently little research (including figurational research) in sport policy analysis which has included the perspectives and experiences of representatives of different groups who constitute the sport policy figuration, particularly policy-makers and other decision-makers. To address this, the current study provides a more adequate analysis of the policy process by incorporating the views of senior figures at SE and EitC (the delivery organisation), delivery partners, programme staff and programme participants, including those who learnt about the *AB* programme through engagement events but chose not to attend. In this regard, the thesis seeks to move beyond more outcome-oriented evaluations and studies of sport-based community programmes (such as those delivered by the charities of professional football clubs) (Curran *et al.*, 2016; Parnell *et al.*, 2013; Pringle *et al.*, 2013, 2014; Zwolinsky *et al.*, 2013) which reveal little about why participants engage, or not, in those programmes, or about the programme mechanisms and processes which determine its relative

success or failure (Coalter, 2007a; Harris and Adams, 2016; Pawson, 2013; Pawson and Tilley, 2004).

Thirdly, this thesis will generate new knowledge about how the ideological and mythopoeic (Coalter, 2007a, 2016) perspectives upon which much sport policy is based continues to shape its formulation and enactment, and the practical value of adopting a *relatively detached analysis* of the policy process and the extent to which government sport and health policy goals can be achieved as intended. This is important for, as Smith *et al*. (2019: 165) have argued, undertaking a detour-via-detachment places the researcher

> in a better position to advise policy makers and politicians – at least those who are willing and able to listen – about how they might write, and enact, desired policy options which are evidence-based, more likely to be effective, and less likely to result in the production of a whole series of unplanned and unwanted outcomes.

This is something that will be returned to in the conclusion to this thesis.

Thesis structure

The rest of this thesis is divided into seven chapters followed by a conclusion. In the context of the present study, Chapter One includes a review of sport and health policy since the nineteenth century and, in particular, outlines the health-related emphasis of sport policy. This chapter also reflects upon the trends in men's sport participation and subjects the approaches taken by sport policy to critical examination to assess the

extent to which its intended outcomes have been achieved. Chapter Two then discusses figurational sociology, the theoretical framework for this study. Drawing upon existing work in the sociology of policy and sport, this chapter discusses how the works of Elias and other figurational sociologists can be applied to a sociological study of the sport policy process in sport and, more specifically, the enactment of community sport policy intended to promote health. The two research methods used in the study – group interviews and semi-structured interviews – and how the theoretical assumptions and concepts of figurational sociology informed their selection is summarised in Chapter Three, which also outlines how the study was conducted and the process of data analysis, namely, thematic analysis.

Chapters four to six present the data generated as part of the study and examine the actions and behaviours of those involved in the sport policy process. Chapter Four focuses on the formulation of sport policy in England by drawing upon the views of senior representatives of Sport England and EitC. The formulation and enactment of *AB* are then examined in Chapter Five by reflecting upon the views and experiences of those involved in the enactment of government's sport policy and the degree to which its intended policy goals were achieved by exploring the perspectives of EitC staff and AB Participants. Chapter Six then analyses the approach taken to monitor and evaluate the *GHGA* and *AB* programmes as described by various individuals and groups in the sport policy figuration studied. From a figurational sociological perspective, Chapter Seven explains how the data presented in this study help advance our understanding of how sport policy is formulated and enacted in England and the extent to which government has been able to achieve their sport and health policy goals through *GHGA*. The Conclusion then begins to reflect upon the value of

figurational sociology to the study of the (sport) policy process as well as its potential benefits for those involved in the policy process and sport development activity which emerges from it.

Note

[1] In this thesis, 'sport' and 'physical activity' will be discussed as separate entities despite them often being used interchangeably in the current political and policy climate. 'Sport' will refer to 'institutionalized competitive activities that involve rigorous physical exertion or the use of relatively complex physical skills by participants motivated by internal and external rewards' (Coakley and Pike, 2009: 5), while 'physical activity' will refer to 'any bodily movement produced by skeletal muscle that requires energy expenditure' (WHO, 2018: 14).

Chapter One

Critical Review of Literature

Introduction

To adequately understand the present-day sport and health policy context in England it is important, first, to locate this within the wider historical context of policy and politics. Reviewing how policy has developed historically as a process constituted by the intended and unintended actions of various groups over time and space allows us to understand how past developments inform current policy approaches to sport and health. To avoid providing a present-centred understanding (Dunning, 1999; Dunning and Hughes, 2013) of sport and health policy, the aim of this chapter is to critically review literature on the development of public health and health inequalities as a source of concern, before discussing how health and sport participation have, to varying degrees, become more-or-less prominent features of community sport development activity and sport policy over the last few decades. The chapter concludes by considering the debate about whether current (and previous) sport policy and associated development activities have been as effective as intended, and precedes a review of figurational sociological studies of sport policy and development in Chapter Two.

Public health and health inequalities as a political and policy concern

Health inequalities as a source of public health concern in England were first documented by Engels (1846) in his renowned book, *The Condition of the Working Class in England*, which reported on the 21 months he spent observing the English

proletariat in Manchester during a severe economic slump. The public health concerns at the time consisted of sanitisation, starvation, housing, cholera and the plague, though Engels found that the prevalence of these was not equally distributed across the region. He explained how the industrial revolution provided the context within which the landscape of British society changed and how the social class hierarchy was restructured, including a rapid expansion in the number of what he labelled the 'proletariats' or working-class (Engels, 1846). Engels argued that in the 1840s the working-class were '[left] to care for themselves and their families' and were not provided with a means of doing this in an 'efficient and permanent manner' (Engels, 1846: 85). Among other things, he identified stark health inequalities, including in relation to life expectancy, since at the time the upper classes lived until 35-years-old and business men and better-placed handicraftsmen lived until 22, on average, whereas operatives, day-labourers, and serviceable class lived until age 15 (Engels, 1846). The cause of this was attributed, in particular, to high mortality rates among working class young children, of which 57% died before they reached age five, compared to 20% of children from the higher classes (Engels, 1846).

Despite the poor housing conditions in which the working-classes lived at this time, Engels (1846) also questioned whether the working-classes should be blamed for neglecting their health when he noted that whilst their poor diets often led to the development of many of the diseases they suffered, it was the standards of education and literacy, and the highly unequal societies in which they lived, which greatly compromised their health and limited their life expectancy. This led Engels (1846) to suggest that social murder was occurring at the time, where premature death among

the working-class was largely a consequence of the poor living conditions tolerated by the bourgeoisie (or middle-class). In particular, he argued that in a society which:

> knows that these thousands of victims must perish, and yet permits these conditions to remain, its deed is murder … [though] no man sees the murder, because the death of the victim seems a natural one, since the offence is more one of omission than of commission. (Engels, 1846: 106)

These concerns, and the unequal disproportionate impact of health and social inequalities on the lives of the least well-off, now dominate present-day discussions (Dorling, 2013, 2018; Marmot, 2015, 2017; Wilkinson and Pickett, 2010, 2018) which emphasise the significance of social inequalities and the social determinants of health for understanding the causes of the causes of health inequalities and other social problems. This will be discussed in more detail later, but in the 100 years since Engels was writing repeated efforts have been made to improve the living of the working-class and the health of the nation more generally, most notably since 1948 when the National Health Service (NHS) was introduced. This revolutionary service was funded by the state with general practitioners traditionally holding the responsibility for distributing this, often through referrals to hospitals/out-patient services, diagnostic and in-patient services and access to drugs (Annadale, 2014). As Bartley (2004) has noted, many commentators claimed that the reason for the stark health inequalities which existed before the Second World War was due to the lack of free medical care which those from the more affluent areas and higher social classes were better able to afford. This view was proved to be incorrect during the 1950s and 1960s when the NHS, where medical care is free at the point of use, failed to reduce the health

inequalities in England (Bartley, 2004). Indeed, health inequalities had grown by the 1980s. There were 48% more deaths among 25-34-year-olds in the Registrar General's Social Class (RGSC) V (the lowest social class) than those in RGSC I (the highest social class) in 1921, a figure which increased to 75% in 1981. Furthermore, for those aged 55-64, the RGSC V group had 27% higher death rates that those in RGSC I in 1921, a gap which grew to 55% in 1981 (Blane *et al*., 1997).

The Black Report was published in 1980 using health data generated in the 1970s and placed particular emphasis upon social class related health inequalities (Phillimore, 2010; Socialist Health Association, 2013). It reported that, in the early 1970s, those in RGSC V were two-and-a-half times more likely to die before retirement compared to their RGSC I counterparts (Phillimore, 2010). These class-related differences in mortality rates were observed across all age groups, from birth through to late adulthood, with RGSC V consistently having higher mortality rates compared to those in RGSC I (Phillimore, 2010). The estimated total number of lives which could have been saved between 1970-72, if mortality rates for RGSC I had applied to both RGSC IV and V, was 74,000, which included almost 10,000 children and 32,000 men aged 15-64 (Socialist Health Association, 2013). These health inequalities prompted *The Black Report* to publish 37 recommendations, which included: improved monitoring and evaluation of the nation's health through enhanced surveys and monitoring, further research to better understand the causes of social inequalities in health, and more resources for the NHS and other services (Socialist Health Association, 2013). However, despite these recommendations, spending cuts in the NHS began in the 1980s (Tritter *et al.*, 2010) and while healthcare would remain free at the point of access, an 'internal market' was introduced whereby health authorities and general

practitioners (previously the providers of care) would now become fund-holders of planned care to make them more cost-effective (Annadale, 2014).

Despite seeking to make the NHS more efficient through the gradual introduction of spending cuts, the cuts to NHS spending did little to ameliorate the health inequalities experienced by the poorest and the most well-off and remained a largely cost ineffective policy approach for government (Mackenbach, 2010). Indeed, data from the Whitehall I study, which investigated the mortality of over 17,000 British male civil government employees between 1978-1984, indicated that those who had the highest employment grade had the lowest rate of deaths, with mortality rates increasing the lower the grade. Marmot (2015: 11) would later describe this as the 'social gradient in health' and found the same to be true in Whitehall II, conducted between 1985-1988, where there had been no lessening in social class difference in mortality or morbidity since Whitehall I (Marmot *et al.*, 1991).

A decade after the Whitehall II study, Acheson (1998) conducted an independent inquiry into health inequalities and reported that although death rates in England had been falling and life expectancy had risen over the last century, healthy life expectancy had not risen. Since 1975, it was claimed that the proportion of those with a limiting longstanding illness rose from 15% to 22%, and those who reported experiencing an illness in the last two weeks had almost doubled, increasing from 9% to 16% (Acheson, 1998). The social inequality in premature mortality rates had also been growing during this period, with rates in 1970 almost twice as high for those in the lowest social class compared to those at the top, which increased to almost three times higher in 1990 (Acheson, 1998). Inequalities were also observed across a variety of

other measures, including years of life lost and morbidity, leading Acheson (1998: 19) to state that health inequalities are 'long standing and their determinants are deeply ingrained in our social structure' which have 'deteriorated or at best remained unchanged'. Many of the recommendations published in the report were similar to those from *The Black Report* and included suggestions that enhanced monitoring systems were required (both locally and nationally) to better evaluate the effectiveness of interventions aimed at reducing health inequalities (Acheson, 1998). Despite government interventions and policies, health inequalities thus remained a persistent feature of social life, with social class continually being closely related to differences in health outcomes and inequalities. Indeed, government policy had failed to breakdown the class (and other) related impacts on health and, as a result, up to the mid-1990s health inequalities had been getting worse, not better, as was intended and expected (Acheson, 1998; Mackenbach, 2010).

The New Labour government came to office in 1997, and while their policy responses to address health inequalities had been agreed prior to the publication of the *Acheson Report*, many followed the recommendations specified in both the *Black* and *Acheson Reports* (Smith *et al*., 2009; Smith, 2013). Policies began to acknowledge the need for the state to provide greater support to improve people's living and working circumstances, with the early years given particular focus (Smith, 2013). One example of this was the *Sure Start* policy in England, which aimed to provide poorer areas with improved childcare alongside delivering locally relevant family support, with other interventions dedicated to reduce poverty and worklessness through reforming benefits/taxation and the launch of the national minimum wage (Smith *et al*., 2016). However, in the early 2000s, the focus of public health policy shifted increasingly

towards individual behaviour change and focused specifically upon people's lifestyle behaviours to reduce health risks (Graham, 2007; Smith *et al*., 2009). These policies specifically targeted the reduction of health inequalities in non-communicable diseases (NCDs), such as heart disease, diabetes, cancer, chronic respiratory disease, obesity, and stroke which had been increasing throughout the previous century (Collin and Hill, 2016) and were underpinned and influenced by 'nudge' theories evident in behavioural economics (Stuckler and Basu, 2013). These theories were popularised in the USA and began to characterise health policy in neo-liberal societies, like Britain, at this time and continue to do so today (Baum and Fisher, 2014). Indeed, New Labour health policy continued to take an increasingly neo-liberal approach, with their advisor at the time, Anthony Giddens, proposing that the public have no rights without responsibilities and, therefore, government's role should be to nurture individuals' social capability to adopt a healthy lifestyle, rather than providing it for them (Giddens, 2000). However, this approach did not produce the 10% reduction in health inequalities expected by the Labour government. In fact, health inequalities grew, with the gap in life expectancy between areas with the worst health and deprivation and the rest of the population increasing by 7% for males and 14% for females (National Audit Office, 2010).

In light of the persistent inequalities in health and the unequal distribution of health outcomes in the UK, in 2008 Marmot *et al*. (2008) analysed the social determinants of health globally and identified stark inequalities in average life expectancy, with those in Sweden living over the age of 80, whilst some African countries failing to reach age 50. This was attributed to high levels of illness and premature mortality in the poorest countries, though Marmot *et al*. (2008) emphasised that poor health is not

limited to these countries, stating ‘countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health’ (Marmot *et al*., 2008: viii). This was followed in 2010 by an independent review, conducted by Marmot *et al*. (2010), of evidence-based strategies which could be effective in tackling health inequalities in England. The review outlined the need to reduce the social gradient in health and argued, among other things, that action is required across all social determinants of health to narrow the stark health inequalities in England and globally. It was recognised that concentrating exclusively on those who are the most disadvantaged will not reduce the sharpness of the social gradient in health. Rather, Marmot *et al*. (2010: 16) argued that ‘proportionate universalism’ – defined as universal action, ‘but with a scale and intensity which is proportionate to the level of disadvantage’ – was required. They also published six policy objectives (known now as the ‘Marmot Indicators’) which echoed those previously published in the *Black* and *Acheson Reports* (Smith *et al*., 2016). These were:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention. (Marmot *et al*., 2010: 15)

Despite evidence indicating that health inequalities were worsening, successive government policies and decisions (e.g. changes to Health and Social Care Act in 2010 and the introduction of Clinical Commissioning Groups) intended to increase competition and economic efficiency and effectiveness, and devolve health to local areas, have been introduced and these have further exacerbated increasing health inequalities. As Dorling (2013) has noted, these changes removed the legal duty of providing comprehensive healthcare from government and placed it on local commissioners and providers, despite real terms reductions in funding for increasingly marginalised local authorities and services. The decision to devolve public health responsibilities to local government in England occurred at a time of drastic spending cuts in local government, with authorities in the most deprived areas being particularly hard-hit (Hunter and Marks, 2016). This was especially difficult for those areas which fell into the fifth most deprived areas in England who, under the previous Labour government, experienced increased funding to address widening health inequalities (Hunter and Marks, 2016).

Austerity, as a policy decision of UK governments since 2010, has also been shown to negatively impact health and local authority services with increases in poverty, family stress, domestic violence, unemployment, and alcohol problems (Bambra *et al*., 2016; Stuckler and Basu, 2013). The Department of Health (DoH) (2011) claimed that shifting public health to local government would allow them to promote economic, social and environmental wellbeing locally and put them in an excellent position to adopt a wider wellbeing role. However, during times of austerity and severe cuts, Hunter and Marks (2016) argued that the capacity of local authorities and the NHS is significantly reduced and constrains them to prioritise immediate issues and

statutory responsibilities. Indeed, the impacts of these decisions on health inequalities have been summarised by Dorling (2013, 2018), Marmot (2015, 2017) and Wilkinson and Pickett (2010, 2018), who have suggested that greater emphasis should be placed upon addressing the social determinants of health and the causes of the causes of ill-health by, among other things, narrowing income inequality between those at the top and those at the bottom of the social hierarchy. Another means by which health inequalities are thought to be usefully addressed is through the promotion of physical activity (including via sport) in local communities, though here – as in other areas of health policy – the effects of austerity and deprivation continue to moderate the effectiveness of government policy (Parnell *et al*., 2018; Widdop *et al*., 2018). It is in the context of such widening social and health inequalities that present-day sport policy needs to be understood, the emergence of which is analysed next.

Health, sport participation and sport policy in England

Health as a sport policy priority

The influential ideology which links sport participation with good physical, psychological and social health benefits (Coalter, 2007a; Malcolm, 2017; Mansfield, 2016; Waddington, 2000) was first endorsed in public schools in the nineteenth century, but it continues to inform present-day sport policy. As Polley (2011: 16) has noted, nineteenth century ideology emphasised 'the Christian's duty to be physically strong and morally pure, the Briton's duty to be ready and able to serve the Empire, and the basic tenets of evolution with their emphasis on natural selection and the survival of the fittest'. By the end of the nineteenth century the belief that sport could improve health was strongly engrained in the public schools, with physical and social health improvement being recognised as the most notable benefits of sport

participation. Specifically, rowing and athletics were seen as having the ability to improve 'strength, stamina, and wind', whereas contact sports were seen as developing 'muscle and endurance' (Polley, 2011: 16). Many of these beliefs evolved from the headmaster of Loretto, Almond, one of the leading ideologists of athleticism at the time who felt that exercise through sports and games was as important to health as 'pure water and clean air' (Almond, 1881, cited in Polley, 2011: 16). Public schools regularly emphasised the intrinsic rewards of sport, with team games being recognised as providing important opportunities for boys to learn about leadership, teamwork, loyalty, commitment, selflessness, and self-discipline which would lead to better health for those who participated (Polley, 2011). For girls, exercise – where it was provided – was largely emphasised as being beneficial for the development of more stereotypically feminine traits, such as grace, beauty and good bodily appearance (Polley, 2011).

These dominant ideologies which linked sport with good health were strengthened in the early twentieth century despite some scepticism in government about the social value or benefits of sport. The establishment of the Central Council for Physical Recreation (CCPR) in 1935, however, marked an important moment in the development of future sport policy (Bloyce and Smith, 2010), and it was the growing concern about the nation's health which encouraged the CCPR to commission a Committee led by Sir John Wolfenden to evaluate the state of sport in Britain in 1957 (CCPR, 1960). Three years later the Committee published *The Wolfenden Report*, which highlighted concerns about the number of opportunities available for young people to play sport, and argued that sport facilities and coaching required significant

improvement to help increase participation and improve health (CCPR, 1960). In doing so, it pointed to the:

> manifest break between, on the one hand, the participation in recreational physical activities which is normal for boys and girls at school, and on the other hand, their participation in similar (though not necessarily identical) activities some years later when they are more adult. (CCPR, 1960: 25)

This concern about the sport participation of children and young people (known as the so-called 'Wolfenden Gap') became an important sport policy priority of government (Bloyce and Smith, 2010; Green *et al*., 2005; Houlihan and Green, 2006), and in the 1970s and early 1980s provided one of the justifications for the significant sports facility development which occurred at this time (Houlihan and White, 2002). Following this programme of facility development, in 1975 the release of the first government White Paper on sport, titled *Sport and Recreation*, argued that there was a need to shift away from the provision of new facilities towards making better use of existing ones (Department of the Environment [DoE], 1975). The White Paper also endorsed using sport as a vehicle for community development and the achievement of non-sporting goals including health promotion and behavioural improvement, especially in key target groups such as young people (Bloyce and Smith, 2010). As Houlihan and White (2002: 28) have noted, the White Paper explicitly articulated the Government's view of 'sport as an instrument of social policy' and 'part of the general fabric of social services' (DoE, 1975: 1).

The tendency for sport to be regarded by government as a vehicle for promoting social good continued into the 1980s, largely in response to the growing social unrest in several inner-cities (e.g. Liverpool, Bradford and Bristol) (Green, 2006; Houlihan, 1997; Houlihan and White, 2002), even though the then Prime Minister, Margaret Thatcher, was thought to dislike sport, not least because of the football problems associated with hooliganism (Bloyce and Smith, 2010). Particularly significant at the time, however, was the marginalization of local authorities and community sport at a local level by the Thatcher government which was compounded by the introduction of Compulsory Competitive Tendering (CCT) to increase competition between, and value for money of, local authority sport and recreation services while enhancing their accountability to government (Bloyce and Smith, 2010; Coalter, 2007a). The CCT scheme was largely negatively received, partly because of its association with above inflation price rises in local authority sport and leisure centres. It was also heavily criticised because programmes were being calculated according to the lowest cost feasible, which resulted in reduced sporting opportunities in areas already neglected and where health inequalities and outcomes were worse (Bloyce and Smith, 2010; Collins, 2008; Jackson, 2008).

Notwithstanding the opposition towards CCT, the change in funding community sport which was endorsed by John Major as Prime Minister in the 1990s, revolutionised the way sport services and programmes were run, with its impact still visible today (Bloyce and Smith, 2010). Indeed, the 1990s was a period in which ‘a more proactive approach to sport’ (Coalter, 2007a: 14) was encouraged by Major, who introduced the National Lottery, while remaining committed to the CCT programme in sport and leisure services. This commitment and funding approach to sport was articulated in

the second government White Paper on sport, *Sport: Raising the Game* (*S:RTG*) (DNH, 1995), which made little mention of 'sport for all' and ignored local authorities who were responsible for its promotion, including for reasons of health promotion. It instead focused on school sport and elite performance and shifted attention away from mass participation and meeting the needs of specific target groups (DNH, 1995; Green, 2008; Houlihan and White, 2002). Despite the apparent commitment of local government work towards achieving 'sport for all', National Lottery funding bids 'based on analysis of need and levels of participation, or on goals such as the reduction of deprivation or community regeneration, were explicitly prohibited' (Houlihan and White, 2002: 73), and this excluded local authorities from 40% of National Lottery funds assigned to them (Bloyce and Smith, 2010). Indeed, there was a general neglect of sport participation and social inequalities (including health inequalities) by the Major government and local authorities were left to provide sport as a discretionary service to local communities. This resulted in an increased likelihood of sport services being withdrawn in areas of low sport and physical activity participation and with high levels of deprivation and poorer health outcomes (Bloyce and Smith, 2010).

When New Labour came to office in 1997, it replaced the DNH with the DCMS and in 2000 published *A Sporting Future for All* (*SFfA*) (DCMS, 2000) which, as in its health policies, was underpinned by a 'Third Way' philosophy where sport would feature in social policy and be used to address social and economic problems, including those related to health (Coalter, 2007a). In *SFfA* (DCMS, 2000) local authorities were regarded as being the facilitators for sports development work which would now include a greater (albeit vague) focus on mass participation alongside school and elite sport (Bloyce and Smith, 2010; Houlihan and Green, 2006). This was

further strengthened in New Labour's *Game Plan: A Strategy for Delivering Government's Sport and Physical Activity Objectives* (*GP*) (DCMS/Strategy Unit, 2002), which was perhaps its most significant sport-related document (Bloyce and Smith, 2010). Among other things, *GP* focused on: (1) the need to improve participation rates modelled – somewhat misleadingly (Coalter, 2013) – on Scandinavian data (especially from Finland); (2) improve important social outcomes such as health; and (3) increased monitoring and evaluation of outcomes and Public Service Agreements/Key Performance Indicators, such as those related to improved sport participation rates (Bloyce and Smith, 2010; Coalter, 2007a, 2013; DCMS/Strategy Unit, 2002).

Although the next government sport policy – *SF* (HMG, 2015) – was not published until 2015, the promotion of health through sport remained a more-or-less policy priority (including in the strategy document, *Creating a Sporting Habit for Life* published in 2012) and focus of many local authorities, though this was to a large extent challenged by the election, first of the Conservative-Liberal Democrat coalition in 2010, and then the current Conservative government, which as the previous section outlined, had an impact on health policy by introducing drastic spending cuts and devolving public health responsibilities to increasingly marginalized local authorities (Dorling, 2013; Hunter and Marks, 2016). The main focus of *SF* is upon the physically inactive and the least active and reflects the continued expectation that sport should be used as a vehicle to achieve non-sporting objectives, particularly health-related outcomes (HMG, 2015; Sport England, 2016). Five outcomes were prioritised: physical wellbeing; mental wellbeing; individual development; social and community development; and economic development. It is claimed that by targeting the physically

inactive and least active populations (specifically women and girls, disabled people, those in lower socio-economic groups and older people), *SF* can have an 'immense' effect on stimulating participation (HMG, 2015: 10). The reorientation away from traditional sport participation goals towards non-sporting outcomes with a particular emphasis on health has been regarded as good news for public health (Milton *et al*., 2018), but is further evidence of sport's relatively weak position in the current policy and political landscape. Indeed, Milton et al. (2018) elaborated on how the recent alignment between sport and health agendas would allow for collaborative work between the two sectors and would create opportunities not seen before in their common goal of improving population health through PA. Milton et al. (2018) also emphasised the importance of maximising this policy convergence and new partnership between sport and health rather than focusing on the 'failure' of the Olympics and Paralympics to generate a sustained legacy effect which resulted in an increase in population PA levels.

In response to *SF*, SE (2016a) published *Towards an Active Nation* (*TaAN*) to address the *SF* outcomes recognising that significant changes in the way they worked were required if they were to achieve this. One of these changes included prioritising more money and resources for those who are physically inactive for whom the greatest public health gains could be achieved. As with other areas of its work, this was thought to be best achieved through local collaboration and partnerships focused on stimulating positive behavioural change as is frequently advocated in the public health sector (Girginov *et al*., 2015; Milton *et al*., 2018). This was complemented by a renewed emphasis on monitoring and evaluation and a quest for effectiveness evidence based on data generated by funded programmes (Mansfield, 2016; Smith *et*

al., 2016; Weed, 2016, 2017). Of particular concern is establishing cost effectiveness and creating an evidence base to better understand the precise impact sport could have in under-researched areas such as mental wellbeing (Milton *et al*., 2018; Smith *et al*., 2016). The launch of SE's new *Evaluation Framework* in 2018, which aims to 'help Sport England colleagues and partners to evaluate funding streams and projects effectively and get maximum value from measurement and evaluation' (SE, 2018: 1), further demonstrates the increased emphasis which has come to be placed upon monitoring and evaluation.

Promoting sport participation: sport in the community schemes

The continued commitment of current sport policy in England to improving the proportion of those who are currently active as well as those who are not, especially for health benefit, needs to be contextualised against evidence which suggests that despite continued government investment in community sport programmes, and facilities, sport participation rates remain relatively static (Coalter, 2013; Farrell and Shields, 2002; Stamatakis and Chaudhury, 2008; Stamatakis *et al*., 2007; Weed, 2016). The data also indicate that clear inequalities in participation among the most and least deprived have widened and remain socially skewed, with well-established differences according to sex, age, class, education, ethnicity and ability as significant now as in the past (Carmichael *et al*., 2013; Coalter, 2013; Farrell *et al*., 2014; Farrell and Shields, 2002; Stamatakis and Chaudhury, 2008). Indeed, in some areas (especially those in more disadvantaged regions), participation has declined, including in north-west England where participation once per week for 30 minutes peaked at 36.8% in 2012, but have since been in decline and in 2016 35.4% of the population participated this frequently. In the county of Merseyside, where the research in this

thesis was conducted, sport participation in 2016 was lower than the north-west average, with 33.9% of adults engaging in one sport session per week for 30 minutes. In the city of Liverpool specifically, 31.8% of adults were this active (SE, 2016e), making it one of the most inactive cities in the UK.

Despite the declines and continued inequalities in sport participation, and lack of convincing evidence to support the use of sport to improve population health, the promotion of sport participation for health continues to provide an important political justification for investing public funds in community-based sport and health programmes. For example, sport in the community schemes (including FitC programmes) are frequently regarded as a context in which funding can be used effectively by leveraging the supposed power and brand of 'professional football' to engage hard-to-reach groups in health interventions (Martin *et al*., 2016). One such group are inactive men living in areas of social deprivation who have often been the focus of many FitC programmes (Pringle *et al*., 2013, 2014, 2016; Pringle, McKenna and Zwolinsky, 2018; Zwolinsky *et al*., 2013). These programmes are commonly delivered collaboratively between the charitable bodies of professional football clubs and local partners, especially health organisations, to improve various dimensions of health (Pringle *et al*., 2014, 2016). Many programmes have focused on physical health improvement by targeting conditions such as obesity and overweight, diabetes and hypertension (Berg *et al*., 2015; Bullough *et al*., 2015; Harris and Adams, 2016; Pringle *et al*., 2013, 2014, 2016; Zwolinsky *et al*, 2013), while others have sought to improve mental health (Curran *et al*., 2016) by seeking to prevent, treat and manage conditions such as depression, anxiety, dementia and substance use. Other programmes have focused upon improving health also found positive improvements

in other non-sporting outcomes such as social capital and social inclusion (Skinner, Zakus and Cowell, 2008; Forde *et al.*, 2015).

One FitC programme which has been monitored and evaluated extensively over the three and a half years is the *Football Fans in Training* (*FFIT*) weight loss and healthy living programme (Hunt *et al*., 2014; Wyke *et al*., 2015; Wyke *et al*., 2019). This 12-week intervention was delivered by 13 Scottish professional football clubs and specifically targeted male football fans aged 35-65 years with a body-mass index (BMI) of 28kg/m^2 or higher. In a randomised control trial (RCT) conducted by Hunt *et al*. (2014), 747 male football fans were randomly assigned to an intervention group who commenced a 12-week weight loss programme within three weeks, or a comparison group who were assigned to a 12-month waiting list. Upon reassessment after 12 months significant mean differences in total weight loss (4.94kg) and percentage weight loss (4.36%) were found, both in favour of the intervention group (Hunt *et al*., 2014; Wyke *et al*., 2015). The success of *FFIT* subsequently informed an expansion and the development of *European Fans in Training* (*EuroFit*), which is said to be 'an evidence-based and theory-based, gender-sensitised, health and lifestyle program targeting physical activity, sedentary time and dietary behaviours in men' (van de Glind *et al*., 2017: 357). EuroFit is also currently undergoing monitoring and evaluation in the form of a RCT as outlined by van de Glind *et al*. (2017), with 1000 overweight men aged 30-65 years recruited by 15 professional football clubs in the Netherlands, Norway, Portugal and the UK. However, despite the early success of *FFIT*, when participants were followed up after three and a half years the mean weight loss for both groups had reduced compared to their 12-month progress (Gray *et al*., 2018). Indeed, the intervention group's mean weight loss had reduced from 5.56kg

after 12 months to 2.90kg in their three and a half year follow-up (Gray *et al*., 2018). Further evidence of the diminishing effect of the intervention was the proportion of men who achieved at least 5% weight loss: after 12 weeks 47% of men had lost at least 5% of body weight, though after 12 months this reduced to 39%, and after three and a half years 32.2% of men reported doing so (Gray *et al*., 2018). Nevertheless, Gray *et al*. (2018) found sustained improvements in the men's self-reported physical activity levels and diet, and estimated that FFIT had an incremental cost-effectiveness of £10,700-£15,300 per quality-adjusted life year (QALY) gained at three and a half years.

Another health intervention – this time involving 16 English Premier League football clubs – named *Premier League Health* has also been independently evaluated to generate learning about how to successfully deliver health improvement interventions for men. The evaluation concluded that programmes should enable men to define the issues and solutions themselves (Robertson *et al*., 2016), and that programme delivery teams should adopt tailored approaches to programme delivery which addresses participants' preferences rather than imposing pre-defined, inflexible programme content on them (Pringle *et al*., 2018; Robertson *et al*., 2016). The conclusion was reached after men who attended a father and child intervention to support health improvement and reduce health inequalities reported a desire to determine their own concerns, identify solutions to them and develop methods to distribute and convey these solutions in an appropriate manner locally (Robertson *et al*., 2016). In creating a programme of this kind, fathers felt safe to share and discuss the various difficulties they faced and subsequently improved their confidence and their relationships with their children and significant others (Robertson *et al*., 2016).

Working collaboratively with local health partners has also been reported as a way to support successful delivery, partly because of their ability to part fund programmes and also because of their expertise in health improvement (Pringle *et al*., 2018). Indeed, the aforementioned *Premier League Health* programme was delivered collaboratively by professional football clubs' Community Trusts and local health partners, including Primary Care Trusts, local authorities and local charitable organisations, with Health Trainers, who were specifically trained and educated in behavioural based health improvement, leading sessions (Pringle *et al*., 2014, 2018). While the programme design varied across the 16 English Premier League football clubs, all clubs aimed to address the needs of local men with predominantly PA-centred activities, with football being at the centre of the majority of programmes (Pringle *et al*., 2014; Zwolinsky *et al*., 2016). To further align with the health sector and public health guidance (National Institute for Health and Clinical Excellence [NICE], 2007), *Premier League Health* programmes underwent independent evaluation with the aim of measuring the impact and processes that produced programme outcomes (Eldredge *et al*., 2016). The findings from the evaluation demonstrated the programme's effectiveness in engaging hard-to-reach men and recruiting them onto health interventions, producing improvements in various cardiovascular disease factors and other health outcomes, and identifying issues men face and their preferred solutions to overcome them (Pringle *et al*., 2014; Robertson *et al*., 2016; Zwolinsky *et al*., 2016).

Similarly, in 2016, SE summarised the key learning which it took from the first round of its funded *GHGA* programmes and emphasised the importance of tailoring marketing material as the term 'sport' can deter potential participants as well as the

use of social media to distribute this marketing material for recruitment (SE, 2016f). Further insights included the desire for informal and flexible sessions which were delivered by people who were from similar backgrounds to those in attendance (SE, 2016f). SE (2016f) also noted how partnership growth and expansion was a key feature of successful delivery and was crucial for increased investment particularly when programmes aligned with public health funds. To demonstrate the cost effectiveness of sport-for-health programmes funded by *GHGA* to those in the public health sector and increase the likelihood of achieving funding the Health and Sport Engagement Intervention and Evaluation Project (HASE) was launched with Mansfield *et al*. (2015) outlining the collaborative partnership approach which would be adopted between local community sport deliverers and sport and public health researchers. A recent study carried out by Mansfield *et al*. (2018) followed this approach, conducting semi-structured interviews with sport coaches, community sport managers and commissioners. Their findings showed that for successful design and delivery of community sport for physical activity and health outcomes to be achieved sport coaches must be educated in public health, the local community must be involved in the programme design as it significantly empowers inactive people, and collaborative work between community sport and the public health sector is essential (Mansfield *et al*., 2018).

However, various challenges are often encountered when delivering programmes like *GHGA*, particularly in relation to partnership work which often results in confusion relating to the roles and responsibilities of various individuals and the correct processes that should be followed by all partners (SE, 2016f). Furthermore, despite their ability to generate positive outcomes, the short-term nature of many sport in the

community programmes which focus on health improvement limits their sustainability, with funding typically limited to between one and three years (Forde *et al.*, 2015). In their discussion of partnership evaluations which are increasingly expected by commissioners and funders, Pringle *et al*. (2018) noted numerous problematic assumptions which typically exist among delivery partners and other stakeholders who are less experienced with conducting programme evaluations. These commonly included an assumption that evaluation is simple and uncomplicated; that organisations have a sufficient number of staff members who possess the skills and resources to conduct the evaluation and that these staff members have a desire to carry out this work; and finally, these staff members will have capacity to accommodate this additional work alongside their existing commitments (DoH, 2007; Pringle *et al*., 2018). Pringle *et al*. (2018) emphasise that assumptions of this kind are unwise and that organisations, particularly those who are part of partnership evaluation designs, must not assume that every programme can be effectively evaluated, or at the very least may not be evaluated in the ways anticipated by stakeholders at the outset. It is not solely delivery and evaluation organisations who receive criticism, but commissioners and government departments also play a role in the challenges faced in partnership evaluations (Chambers, 2009; Whitehead, 2009). Indeed, they determine whether or not an evaluation is commissioned at all (Benzeval, 2009; Evans *et al*., 2007), but also at times influence the type of evaluation (Sowden and Raine, 2008) which has led to criticism of commissioners and funders who fail to appreciate the practicalities of implementing specific evaluations in community settings which present various challenges, especially in relation to the instrumentation used to gather data (Kryiacou, 2009; Learmonth and Griffin, 2007; Pringle *et al*., 2014; South and Phillips, 2014). The various issues reflected upon by Pringle *et al*. (2018) led them to

outlining five considerations to support partnership evaluations designs, specifically: conduct early, timely and continuous conversation; plan effectively and set clear goals; devise common agreements; work together to prioritise key tasks; and choose appropriate evaluation instrumentation.

Mansfield (2016) also discussed partnership evaluations though refers to them as 'research-policy-practice (RPP) partnerships' and argues that they are characterized by resourcefulness, reciprocity and reflexivity, and 'represent interdependent, mutually orientated configurations of people whose social interaction is inextricably connected to the wider socio-economic and political environment in which RPP decisions and behaviours take place' (Mansfield, 2016: 719). For Mansfield (2016: 719), resourcefulness 'refers to the production and allocation of resources, processes of resource control and also to specifying the terms of ownership of resources', while reciprocity refers to the numerous ways in which information is exchanged and knowledge is produced and consumed within the partnership where trust, cooperation, negotiation and compromise are fundamental aspects of successful partnership working. Finally, Mansfield (2016: 723) states that reflexivity refers to the purposeful 'systematic evaluation of the impact of oneself (the researcher) and the relationship dynamics of the partnership on the project'. By including resourcefulness, reciprocity and reflexivity in her conceptualization of RPPs, Mansfield (2016: 726) claims that an enhanced understanding of the many issues associated 'knowledge production, dissemination and use' will be attained as well as the 'legitimation of some forms of evidence over others', while also maximizing the 'impact of the co-production of knowledge'.

In the light of these issues, some authors have argued that there is evidence for continuing to invest in FitC programmes and other sport development activities which focus on health improvement (Curran *et al*., 2016; Pringle *et al*., 2013, 2014, 2016, 2018; Zwolinsky *et al*., 2013), but others have been more critical and have claimed that policy-makers would be wise to reconsider the use of sport if the promotion of public health is indeed a primary justification for the investment of public funds (Coalter, 2007a, 2013; Kay, 2016; Weed, 2016, 2018). Weed (2016, 2018), for example, has argued that investing in sport as a health intervention may cause net harm to the physical health of the UK population when compared to the opportunity cost of not investing in initiatives/programmes which promote wider physical activity choices as opposed to favouring sport. Indeed, Weed (2016, 2018) continues to criticise policy-makers' approach due to the lack of evidence to support the use of sport as an effective public health intervention. Further issues with policy-makers' current approach are raised when looking at sport participation levels in the UK, which have either stagnated or fallen since 1990, while there has been a 10% rise in the population who have become physically active through activities which do not include sport since 1997, further questioning the appeal of sport for the UK population and, in particular, its effectiveness as a public health intervention (Weed, 2016, 2018).

Batlle *et al*. (2018) offered an explanation relating to why funding in sport development programmes persists in this way regardless and, in part, related this to the ability of charities/organisations to continue operating as expected and to secure the jobs of the people they employ. Funding has often been sought to ensure that charities/organisations are sustainable and continue to exist, though this is frequently promoted as being in the interest of service users/participants rather than for the sake

of the charity/organisation (Batlle *et al*., 2018). In this regard, Batlle *et al*. (2018) argued that the service user/participant needs are often overlooked at expense of the prioritised economic survival of the charity/organisation. This approach has also seen an increased expectation for those who deliver sport programmes to be responsible for monitoring and evaluating their effectiveness and value for money which has intensified competition for funds and contracts (Davies, 2011) and is characteristic of neoliberal societies (Batlle *et al*., 2018). Although it is claimed that this has encouraged charities to avoid 'shoe-horning' existing 'off-the-shelf' frameworks and develop new ones so they are able to 'own their results' (Batlle *et al*., 2018), the prioritisation of an economic rationale to measure and determine success will likely limit the potential benefits sports development programmes can bring to those they target. However, this approach is perhaps understandable given that 'without creating a framework capable of securing funds in the first place, there would be no possibility to support [service users/participants]' (Batlle *et al*., 2018: 8) and is a consequence of the current neoliberal climate which encourages free market values and forces organisations such as sport and health charities adopt business-like values despite a lack of natural alignment.

The effectiveness of sport policy in promoting participation and health

Given persisting inequalities in sport participation and health, and declining participation rates in some areas and among some groups, some have argued that current (and former) sport policy and associated development activity have not worked – or, in more balanced terms, has not worked very well in terms of improving participation or associated health outcomes. Weed *et al*. (2015: 195) supported this notion, stating that it is 'successive UK Governments' policy failures' which have

resulted in stagnant participation and missed targets, which have been 'rather quietly dropped as it became clear' they were 'wholly unrealistic' (Coalter, 2013: 3). For Coalter (2013: 18), the persistence of socially structured inequalities means that sport participation might be regarded as 'epiphenomenal, a secondary set of social practices dependent on and reflecting more fundamental structures, values and processes' associated with wider social inequalities. In other words, it could be suggested that various aspects of social inequality typically precede sport participation (Coalter, 2013), and if that is so it seems reasonable to question whether sport policy in isolation is sufficiently equipped to address low levels of sport participation and inequalities related to health and other social problems. Addressing the causes for such inequality in sport participation such as affordability, lack of transport and poor facilities, may support some individuals, but such is the significance of social inequalities it has been argued that 'the achievement of substantially higher sports participation rates is well beyond the control of sports policy' (Coalter, 2013: 18) and that the simple promotion of sport participation is unlikely to tackle inequalities associated with poor health, income, work and housing conditions (Pickett and Wilkinson, 2015; Wilkinson and Pickett, 2010, 2018) which can have a substantial impact on whether people are able to engage in sport.

For Marmot (2015, 2017), policy (including policy intended to improve sport participation) would be more effective if the causes of the causes of ill-health were tackled first. He suggests that to improve people's health and well-being and overcome the social determinants which exist in sport participation along with smoking, alcohol and obesity, it is vital to empower individuals and communities (Marmot, 2015, 2017). The answer is not simply to presume people are able to take control of their lives and

make health choices freely, a view which commonly underpins much policy in the UK and which individualises and responsibilises health choices and behaviours (Kay, 2016; Marmot, 2015, 2017; Wilkinson and Pickett, 2018). It is arguably more important, Marmot suggests, to empower people from childhood and educate them about and develop in them attributes which allow them to take better control of their lives. This is critical, he argues, because of how deeply disempowering poverty and inequality are, and how they give people a sense of little control over their lives which helps produce the social gradient in health (Marmot, 2015, 2017), and indeed sport participation (Coalter, 2013; Weed, 2016, 2017).

Drawing attention to the significance of social inequalities, many of which lie behind unequal sport participation rates and health problems, emphasises the need to eschew highly individualised conceptions of health and programmes underpinned by the assumption that people are freely able to control their own health (Dorling, 2018; Marmot, 2015; Wilkinson and Pickett, 2010, 2018). As Wilkinson and Pickett, (2010: 26) have noted, the limitations of individualised conceptions of health and programmes based on the premise of individualism are especially clear when it is recognised that

> even when the various services are successful in stopping someone reoffending, in curing cancer, getting someone off drugs or dealing with educational failure, we know that our societies are endlessly recreating these problems in each new generation. Meanwhile, all of these problems are most common in the most deprived areas of our society and are many times more common in more unequal societies.

In this regard, it could be argued that community sport programmes which seek to encourage individuals to change their behaviour for health benefit, and which do little to tackle the wider inequalities which characterize the societies in which they are enacted, are unlikely to have the intended effects on rates and experiences of sport participation, physical activity and physical inactivity (Haycock and Smith, 2014; Kay, 2016; Mansfield, 2016, 2018).

Summary

The purpose of this chapter has been to provide a critical review of the existing literature which has examined the development of public health and health inequalities as a source of concern, and how public health promotion – via community sport participation – has become an increasingly important aspect of sport policy in England. It was argued that to adequately understand the present-day sport and health policy context it is important to contextualise this within longer-term developments in public health policy, sport policy and associated sport development activity. It was also argued that, on current evidence, community sport programmes which seek to improve individual and population health by focusing on individual behavioural change without seeking to address the sources of wider social inequalities are likely to be limited in their effectiveness. The largely individualised approach to behaviour change via community sport policy is one notable feature of the increasing tendency, over the last few decades in particular, for the sport and health policy sectors to become increasingly converged and the boundaries between them blurred. This provides an important backdrop against which the current study was conducted for, as the results presented in chapters 4-6 indicate, the increasing alignment of the sport and

public health policy sectors (Milton *et al*., 2018) to a large extent shaped the formulation and enactment of *GHGA,* and programmes such as *AB*.

The next chapter outlines the theoretical framework of the thesis – that of figurational sociology – and its key sensitizing concepts which were used to help answer the research questions and explain the data generated during the research. In particular, it will consider figurational sociological concepts including: figurations and interdependence, power and unintended outcomes, and habitus and socialization. It also reviews the findings of previous figurational studies of sport policy and development activity which informed the research reported in this thesis.

Chapter Two

Figurational Sociology and its Application to Sport Policy and Development

Introduction

The central objective of this chapter is to outline some of the key premises and features of figurational sociology which provided the theoretical framework of this study. In the first half, it specifically discusses several sensitizing concepts of the figurational approach, namely: figurations and interdependence, power, unintended outcomes, and habitus. As will become clear, although these concepts are interrelated, they are discussed separately here for ease of presentation. The second half of the chapter reviews how figurational sociology has been applied specifically to the study of sport policy and the development activity which emerges from it.

Conceptualizing human relationships

Figurations and interdependence

How to adequately conceptualize the complex relationship between individuals, groups and the societies which they form and are a part of has long been debated by sociologists (Elias, 1978a, 2012a; Giddens, 1984; Loyal, 2003). In this regard, agency and structure are two concepts which are said to inform the work of all policy researchers and policy-makers in some way (Piggin, 2018). It is claimed that all policies adopt 'assumptions about agency and structure – the extent to which individuals are in control of their own life situations' (Piggin, 2018: 9). Policies and policy-makers who emphasise agency 'believe that people have an ability to make

choices, take action and be an active "agent" in their lives', while in contrast those who focus on structure emphasise 'the factors that shape and constrain a person's ability to act in the world' (Piggin, 2018: 9).

Although there have been several attempts to conceptualise the relationships between the 'agent' and 'structure', or 'individual' and 'society' (Dunning, 1999; Dunning and Hughes, 2013), Elias proposed the concept of the figuration – which he defined as 'a structure of mutually oriented and dependent people' (Elias, 2000: 316) – as a means of overcoming the unhelpful dichotomy viewing the individual as being separate or cut off from society by an 'invisible barrier' (Elias, 1978a: 15). The concept of the figuration is said to shed 'light onto how "agents" and "structures" are *mutually* produced and *mutually* transformed' (Dunning, 1999: 20; emphasis in the original). Elias' concept of the figuration moves away from the traditional notion of people being considered wholly independent, as if they were *homo clausus* (or closed human beings), and instead views people as *homines aperti*, or open social beings bonded together who 'through their basic dispositions and inclinations are directed towards and linked with each other in the most diverse ways' (Elias, 1978a: 14). Indeed, Elias (2012a) emphasised that if human beings are studied singly (as if a *homo clausus*) then the figurations of interdependent human beings cannot be adequately understood.

For Elias, to adequately understand the relationship between individuals and groups of people, it is vital that they are conceptualised as comprising dynamic figurations of interdependent human beings (Elias, 1978a, 2012a). In adopting this approach, where humans are conceptualized as mutually-oriented and dependent upon others within figurations and complex networks of interdependence, we are able to better understand

how the thoughts and actions of people (e.g. policy-makers, community sports programme staff) are both enabled and constrained by those with whom they are interdependent, and on whom they are, to varying degrees, dependent. To illustrate the importance of interdependence to explanations of social life, Goudsblom (1977: 7) described the relationship between a child and its parent thus:

> From the moment it is born a child is dependent upon others who will feed, protect, fondle, and instruct it. The child may not always like the constraints exerted by its strong dependencies, but it has no choice. By its own wants it is tied to other human beings – to its parents in the first place, and through its parents to many others, most of whom remain unknown to the child for a long time, perhaps forever. All of the child's learning, its learning to speak, to think, to act, takes place in a setting of social interdependencies. As a result, to the very core of their personalities (people) are bonded to each other. They can be understood only in terms of the various figurations to which they have belonged in the past and which they continue to form in the present.

These interdependencies may vary between individuals and groups and may also fluctuate over time as well as between societies. For example, as the child progresses through adulthood, they may no longer be as reliant upon the parent, but instead the parent may become more reliant on the child to take care of them. The enabling and constraining dimensions of interdependency ties or networks is also critical, argued Elias (1978, 2012a), for explaining the actions, thoughts and feelings of human beings over the life course. Indeed, as interdependency ties change over time and space, they invariably become longer, more complex and increasingly differentiated. As Mennell and Goudblom (1998: 18) noted:

> as webs of interdependence spread, more people become more involved in more complex and more impenetrable relations. Less abstractly: more people are forced more often to pay more attention to more people, in more varying circumstances. This produces pressures towards greater consideration of the

> consequences of one's own action for other people on whom one is in one way or another dependent

They continued by stating that:

> Because people are usually not equally dependent on each other, the power ratios between them are usually unequal … the power ratio between children and the adults on whom they are at first overwhelmingly dependent changes in a characteristic way over their lifetimes, and by the time the parents have reached old age the power ratio has usually tilted over in the opposite direction, in favor of their offspring. (Mennell and Goudsblom, 1998: 36)

Conceptualizing social relationships in terms of figurations or interdependencies allows us to understand the ways in which the constituent parts of the figuration change as a result of the lengthening and increasing complexity of interdependent networks, and how the balance of power fluctuates between various groups (e.g. policy-makers, delivery staff, participants) involved in social activities such as community-based sport and health programmes.

Before examining power as a feature of Elias' conceptualization of figurations or interdependencies, it is important to note that while many of the social relationships described here may be experienced on a face-to-face basis, it is equally important to consider our non-face-to-face relationships in the same manner (Elias, 1978, 2012a; Murphy *et al*., 2000). In the present study, it would be unwise to overlook the significance of non-face-to-face relationships, particularly those experienced by AB participants and coaches with the policy-makers with whom they may or may not be familiar. Taking into account the multi-dimensional ways in which groups of people are interconnected and interdependent allows us to consider the various thoughts and actions observed in relation to the multitude of social needs which may bond these

people together (Mennell and Goudsblom, 1998; Murphy *et al*., 2000). It also helps draw attention to how many of the changes observed in our figurations or interdependencies can be the result of the intentional actions of the people who form them, but are often unplanned and unintended outcomes which are 'the *normal* result of complex social processes involving the interweaving of the more-or-less goal-directed actions of large numbers of people' (Dunning, Malcolm and Waddington, 2004: 200; emphasis in the original). This will be discussed in more detail next.

Power and unintended outcomes

Elias (1978a, 2012a) described power as a structural characteristic of all human relationships which are at least bi-polar, but more usually multi-polar. In this regard, Elias conceptualized power as polymorphous (Dunning and Hughes, 2013); that is to say, something which has many sides, is differentially distributed and not possessed like a tangible object. Elias (1978a, 2012a) argues that the distribution of power is never isolated to one individual; it is instead distributed differentially among many individuals and groups though the balance of power will likely vary between them over time and space. Indeed, as Murphy *et al*. (2000: 93) argue, 'power is always a question of relative balances, never of absolute possession or absolute deprivation, for no one is ever absolutely powerful or absolutely powerless'. Regardless of whether power differentials are large or small, it is vital to understand that because there is always power when there is functional interdependence between individuals and groups of people, power balances are always present in these relationships (Elias, 1978a, 2012a).

It is also crucial for the present study to view organisations (such as EitC and SE), which are commonly regarded (somewhat abstractly) as 'structures', as complex figurations characterized by power differentials which are 'dynamic and continually in flux' (Murphy *et al*., 2000: 93). Indeed, Elias (1978a, 2012a) explained how organisations are frequently referred to as structures which exist above and beyond human beings and are accordingly ascribed an objective reality which disregards the individuals who constitute them and dehumanizes the structures (e.g. 'the government has reached a decision'). It is also important, argued Elias (1997: 357), to consider how 'current social relations are only one moment in a long-term process, which leads from the past through the present and beyond it into the future' (Elias, 1997: 357).

Considering the figurations which individuals and groups constitute and the networks of interdependencies that exist between them also draws attention to unintended outcomes which collectively constitute the 'blind' development of social life (Elias, 1978a, 2012a). Elias (2012a: 54) argued that human beings may be reluctant to analyse these 'blind' social processes because:

> It is frightening to realize that people form functional interconnections within which much of what they do is blind, purposeless and involuntary. It is much more reassuring to believe that history – which is of course always the history of particular human societies – has a meaning, a destination, perhaps even a purpose.

Conceptualizing social life as a result solely of the intended actions of human beings does not therefore assist us in explaining social developments in society which are not intended, such as deprivation, world war, or famine (Elias, 2000). Using government activity as an example, Elias (2012a: 141) explains how 'planned actions in the form of government decisions may have unanticipated, unintended consequences'. He

continued by outlining that ‘it is now more obvious that these unplanned consequences of planned human actions arise from their repercussions within a web woven by the actions of many people’ (Elias, 2012a: 142). These interwoven actions often produce outcomes that no single person wholly intends, nor can fully control, regardless of how powerful they are. These largely unintended outcomes are claimed to be a normal result of social processes where individuals seek to preserve, maintain and enhance their own interests while mediating those of others (Elias, 1978a, 1987, 2007, 2012a; Murphy and Sheard, 2006). Elias (2000: 366; emphasis in the original) elaborated by stating:

> *The basic tissue resulting from many single plans and actions of people can give rise to changes and patterns that no individual person has planned or created. From this interdependence of people arises an order sui generis, an order more compelling and stronger than the will and reason of the individual people composing it.*

In this regard, although government’s intended priorities may be articulated in its sport and health policies, the degree to which these are enacted as intended depends to a large degree upon the actions of many other groups, including those charged with delivering sports-based programmes (Bloyce *et al*., 2008; Smith *et al*., 2019). This is will be discussed in more detail later.

Habitus and socialization

The social learning which occurs in the lives of human beings is heavily influenced by their interdependence with, and dependence on, others and is socially and psychologically generated. In this regard, Elias (1978b, 2012b) introduced the terms ‘sociogenesis’ (meaning ‘social generation’ or ‘social production’) and ‘psychogenesis’ (referring to the role played by ‘psychodynamics’ in social processes)

(Atkinson, 2012; Dunning and Hughes, 2013; Gibson and Malcolm, 2019). He described sociogenesis as the continuous and shifting structure of relationships of interdependence within and between groups of people (Elias, 1978b, 2012b), and explained how organisational patterns of social life are created by social structuring processes and transformations (such as social divisions of labour) and the interdependencies between people (Atkinson, 2012; Dunning and Hughes, 2013; Gibson and Malcolm, 2019). To develop an adequate understanding of the sociogenic changes that occur in social life, Elias also argued sociologists must question the nature of social organisation, the relationship between the individual and society, and how social change occurred (Atkinson, 2012). These changes, Elias (1978b, 2012b) claimed, occurred simultaneously with what he described as psychogenesis; that is to say, the origin and formation of the mind or psyche which has an impetus toward self-restraint and away from external constraints imposed by groups such as government and the police. In increasingly interdependent societies, Elias argued, people become more aware of the thoughts and feelings of others and become increasingly proficient in controlling their emotions and the impressions they make on others. Through this process collective psychologies are affected and self-restraint reflecting established cultural norms emerge in the context of our interdependency networks (Atkinson, 2012; Elias, 1978b, 2012b).

Integrating sociogenesis, psychogenesis and social interdependence into our analysis of how social, cultural and biological factors interweave is said to be critical (Atkinson, 2012; Gibson and Malcolm, 2019) for, as Elias (1991: 36) noted:

> The structures of the body and human psyche, the structures of human society, and the structures of human history are indissolubly complementary and can

> only be studied in conjunction with each other. They do not exist and move in reality with the degree of isolation assumed by current body research. They form, with other structures, the subject matter of a single human science.

Figurational sociologists must therefore analyse carefully the interdependent connections which constitute human figurations (e.g. family, work, leisure, school, and sport) and how these affect personality structures, regardless of whether they are foreseen or unforeseen (Atkinson, 2012). Elias's work on sociogenesis and psychogenesis led him to conclude that personality structures are socially learned habituses, or second nature, which occur through constant socialization processes and are evident in everyday physical behaviours such as wearing clothes, eating habits, and playing sport:

> The make-up, the social habitus of individuals, forms as it were, the soil from which grow the personal characteristics through which an individual differs from other members of his society. In this way something grows out of the common language which the individual shares with others and which is certainly a component of his social habitus – a more or less individual style, what might be called an unmistakable individual handwriting that grows out of the social script. (Elias, 1991: 63)

Although the concept of habitus is commonly attributed to Bourdieu and explored in his work (Bourdieu, 1978; Bourdieu and Wacquant, 1992), it was Elias who first wrote about, and sought to conceptualize, habitus in the 1930s (Dunning, 2002; Dunning and Hughes, 2013). Elias viewed habitus as a second nature or embodied social learning which, whilst not innate, is deeply ingrained through the experiences and the world humans are exposed to, and develops within the figurations they constitute (Elias, 1978b, 2012b; van Krieken, 1998). Whilst there are similarities between the approaches of Bourdieu and Elias, there are also clear differences, specifically relating

to whether habitus is a fixed phenomenon. Indeed, Bourdieu believed that habitus is fixed after childhood, whilst Elias contends that it is a lifelong process of development which commences at birth and continues to change (albeit more slowly) throughout adulthood. Elias did accept that a person's habitus is particularly malleable or impressionable during childhood and youth – since these are the 'more impressionable phase' (van Krieken, 1998: 59) of habitus formation – where young people are dependent upon, and subject to the constraints of, their interdependence with parents especially. However, he also argued that the influence of other people beyond parents becomes increasingly significant in later life and that the continuous development of an individual's habitus cannot be adequately understood in isolation from the constraints of their changing social relations which become more-or-less complex and are perceived as more-or-less compelling (Elias, 1978b, 2012b; van Krieken, 1998). In drawing attention to the historical character of habitus in this way, Elias argued that it stretches across and within generations and is interdependent with the processual nature of social life as it unfolds (Elias, 1978b, 2012b; van Krieken, 1998), and thus Elias sought to:

> 'stretch' our understanding of habitus and the person over the whole period of any individual's biography, from the absolute dependence of a newborn infant, through the gradual acquisition of relative independence as an adult, and then the greater dependence of old age. (van Krieken, 1998: 154)

The development of a person's habitus or 'second nature', which acts as an 'automatic, blindly functioning apparatus of self-control' (Elias, 2012b: 406) develops within the various, and constantly changing, interdependencies which constitute social life. While Elias proposed that each person develops their own individual and unique habitus, he argued they also develop a series of group habituses – such as gender (e.g.

male) and social class (e.g. working-class) – that are shared with other groups who have been habituated through similar experiences (Dunning, 2002; Dunning and Hughes, 2013). These habituses are simultaneously developing during the course of socialization which refers to the 'processes through which people acquire or are taught (either directly or indirectly, explicitly or implicitly, intentionally or unintentionally) and internalize the values, beliefs, expectations, knowledge, skills, habits and practices prevalent in their groups and societies' (Green, 2016: 203). In essence, socialization involves the internalization of the shared expectations of those who form the interdependencies groups and networks within which people live (Green, 2016), but should not be oversimplified and interpreted as the wholly conditioned response of people to their social influences.

As Green (2016: 203) has noted, socialization is best conceptualised as 'reciprocal' and 'interactive' where it is people's interpretations of the 'explicit' and 'implicit' messages which are transferred, embodied and enacted within networks of interdependencies (Green, 2016). In this regard, socialization is said to commence at birth and allows people – known as agents of socialization – to pass on values, beliefs, and practices (Green, 2010). Agents of socialization are commonly divided into two categories: primary and secondary. Primary socialization is recognized as the initial form of socialization, where family members such as parents and siblings play a key role in the development of social norms and ways of life. While some have argued that primary socialization is perhaps the most influential form of socialization, secondary socialization still has an important role to play, and occurs in areas of life outside family networks (Green, 2010, 2016). Significant secondary agents of socialization may include school, workplaces and peer groups, or even community sport

development programmes which can act as sites of socializing experiences (Coakley, 2011).

Although the concept of socialization is sometimes criticised as being fixed and dehumanising, for Elias (2010) socialization can also be seen as a developmental individual civilising process – one consequence of which is the growing individualization and isolation of social life which accompanies the ageing process in which, for Elias, 'many people die gradually' (Elias, 2010: 3). As people age they grow infirm, Elias claimed, this decline further isolates the ageing (the elderly) from the living (younger populations), causing them to be less sociable and harbour negative feelings towards others (Elias, 2010). Elias (2010) claimed that this is the hardest feature of ageing – 'the tacit isolation of the ageing and dying from the community of the living, the gradual cooling of their relationships to people to whom they were attached, the separation from human beings in general, who gave them meaning and security'. In modern societies Elias (2010) drew attention to the common pattern of individualization in relation to the image of death and dying. The image of death for a person is inextricably linked to people's image of themselves as an independent individual in more developed societies. In these societies, individuals see themselves as cut off from all others, where they live in a separate world where they are isolated beings (Elias, 2010). This separated world is one in which a person searches for the meaning of life, as they understand it, though 'their quest for meaning is a quest for the meaning of an individual person in isolation' (Elias, 2010: 43). When human beings fail to discover the meaning they were searching for, their lives appear meaningless which often causes feelings of disillusionment and which can be associated with a whole range of health behaviours (e.g. physical activity, drinking

alcohol) that are commonly the target of community sport-based programmes such as *AB.* Yet, community sport development programmes aim to reach and engage these isolated individuals who may not attach meaning to sport participation or health improvement.

Involvement and detachment

Murphy *et al*. (2000) have argued that, in addition to his concept of the figuration, Elias' view on the relationship between human understanding and values is another distinctive characteristic of figurational sociology. Elias rejected the traditional tendency towards thinking in 'all or nothing' terms where 'objectivity' and 'subjectivity' were advocated (Murphy *et al*., 2000: 94). Due to the figurational complexities which Elias argued characterize all human relationships, 'a more adequate conceptualisation of our ways of thinking about the world, and of the processes as a result of which our present, more scientific, ways of thinking about the world have developed' (Waddington, 2000: 2) was, in his view, necessary. Elias claimed that 'knowledge cannot be divorced from its social and processual character' and 'rejected the dichotomy of "truth" and social construction/falsehood' (Malcolm *et al*., 2017: 60). Elias instead conceptualised the relationship between human knowledge and values in terms of *degrees* of involvement and detachment, though more detached forms of knowledge are said to generate more 'reality-congruent' or 'object-adequate' knowledge. In this regard, Wilterdink (2003: 303) proposed that the term 'relative adequacy' should be used as it emphasises the *degree* to which knowledge is useful to humans and claimed that it identifies human knowledge more explicitly as 'experiential and therefore inherently social' (Malcolm, 2011: 290).

Developing greater degrees of detachment in our thinking, argued Elias, requires us to think about oneself as a social being as opposed to an individual, while also being conscious of the process of thinking and the production of knowledge (Elias, 1978a, 2012a; Malcolm, 2011). This type of behaviour, as described by Elias, is what is currently more likely to be described by contemporary sociologists as 'reflexivity' and 'individualization' (Kilminster, 2004: 36). Conversely, involvement encourages more fantasy-laden and magical-mythical thinking which is 'highly influenced by immediate interests and strong emotions' (Wilterdink, 2003: 303) and is often egocentric in nature (Malcolm, 2011). However, Elias did not discuss the relationship between involvement and detachment in dichotomous terms, nor should it be viewed as a 'zero-sum' equation where as one increases the other decreases (Kilminster, 2004). A more adequate term to describe the relationship was coined by Malcolm (2011: 290) who prefers to discuss the *blend* between involvement and detachment, rather than the widely used 'balance' which he claims suggests an 'oppositional relationship'. Dunning (1992: 253) also argued that a 'blend between involvement and detachment is most conducive to [developing more] reality-congruent knowledge'.

In examining the challenges sociologists face in striking an appropriate blend of involvement and detachment in relation to the processes and phenomena they study, Elias (1956: 237) emphasised that sociologists should keep their two roles 'as participant and enquirer clearly and consistently apart and, as a professional group to establish in their work the undisputed dominance of the latter'. To adequately understand the reality of people's lives who are involved in stages of the policy process, for example, it is essential for researchers to seek in their work greater degrees of detachment to maximise the development of 'knowledge which is more reality-

oriented' (Elias, 1987: 67). In doing so, Elias (1956, 1987, 2007) claimed researchers need to take a 'detour *via* detachment' where they keep their own ideological views 'in check' to generate more relatively adequate explanations of social life which possess less mythical and fantasy-laden knowledge (Dunning, 1999; Murphy *et al*., 2000; Malcolm, 2011). If a detour *via* detachment is successfully navigated, it is argued, knowledge about the lives of people responsible for the enactment of sport policy, for example, is more likely but not guaranteed (Elias, 1956; 1987; 2007; Wilterdink, 2003).

The quest for generating a relatively detached understanding of social processes – such as the thoughts and experiences of those responsible for enacting sport policy and who are part of the policy process – is one of the main objectives of a figurational approach. As in other scientific approaches, dispelling myths and ideology is an equally important objective, which led Elias (1978a; 2012a) to identifying the role of the sociologist as a 'destroyer of myths'. In a sport policy context, developing a more adequate explanation of the lives of those responsible for the enactment of sport policy, it is crucial for researchers to have an awareness of the ideologies and mythologies associated with sport and which may, to varying degrees, be found among policy-makers, practitioners and participants. For example, in their discussion of involvement and detachment in sport policy and development contexts, Smith *et al*. (2019) demonstrated how generating a relatively detached understanding of the experiences and views of those involved in sports development is of practical as well as academic value, which is often researchers' primary concern. They argue that through taking a 'detour-via-detachment' researchers of sport policy and development are in a more object-adequate position 'to apply … their more reliable knowledge to

the addressing of social and political problems of various kinds' (Dunning and Hughes, 2013: 158), including problems associated with health and sport participation. As part of what Elias called a process secondary involvement, Smith *et al*. (2019) argued that researchers can be in a better position to advise policy-makers and politicians in writing, and enacting, sport policy in ways that make it more likely that they will achieve their intended outcomes, and less likely to produce undesirable unintended outcomes. While Smith *et al*. (2019) acknowledge the central concern of academic research is to perform a relatively detached analysis *of* policy (such as agenda setting, policy impact, decision-making), as is the case in the current study, we must also be mindful as researchers of our role in analysis *for* policy (i.e. in seeking to influence policy, including through monitoring and evaluation) which is a potentially more involved form of activity based on more adequate knowledge bases.

Figurational sociology and the study of sport policy and development

Of particular relevance to the present study is the empirical work exploring community sports development programmes and sport policy conducted by Bloyce and Green (2011) and Bloyce *et al*. (2008), which are two of the few studies that have gained the views and experiences of so-called 'street level practitioners' (Nicholls, Giles and Sethna, 2010), who in these cases were sports development officers (SDOs). The studies found that the sports development landscape in England at the time constrained SDOs to work within lengthening and increasingly complex networks of relationships often guided by political and policy priorities (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). Indeed, the expectation to meet government policy priorities constrained SDOs to work in partnership with external organisations and be held more accountable for achieving outcomes in a target-hitting

culture (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). It was also apparent that external constraints imposed on SDOs from organisations such as government and SE came to influence SDOs' habituses and practices, particularly in relation to the felt need to promote sport's potential to achieve non-sporting objectives alongside more traditional policy goals such as 'sport for all'. In this regard, the views and experiences recalled by SDOs appeared consistent with SE's ideological view that sport could be used successfully as a vehicle of health promotion (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019).

SDOs' views and actions in relation to sports development work were also explainable by two sets of internalized constraints, namely, their individual habitus and life experiences which were reinforced by a group habitus formed by SDOs' various professional socialization practices (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). It was noted, however, that many of the largely ideological beliefs SDOs attached to sport were deep-seated predispositions, or habitus, and possessed greater degrees of involvement than detachment (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). This was summarised by Smith *et al*. (2019: 159) who stated that 'many of the views SDOs expressed about their personal interests and habitus as part of their 'philosophies', and practices, were typically more-or-less mythical interpretations indicative of the rather highly involved nature of their work situations and personal concerns'.

An inescapable feature of SDOs' role in these studies was the requirement that they worked within complex networks of partnership organisations to meet the increased

emphasis placed by government upon delivering non-sport goals (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). Securing funding, partnerships formation and pursuing non-sport goals became the priority for SDOs which undermined the progress they were able to make towards achieving government's mass sport participation goals (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). Despite the influences of seemingly more powerful groups, such as the government, who had greater capacity to decide which policy priorities should be pursued by SDOs, they were simultaneously constrained by the actions of SDOs who to a large extent could determine the degree to which policy goals could be achieved (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). However, the actions of these seemingly less powerful groups were interwoven with the actions of other different groups as part of partnership working which appeared to further limit SDOs' ability to achieve the government's policy goals (Bloyce *et al*., 2008; Bloyce and Green, 2011; Bloyce and Smith, 2010; Smith *et al*., 2019). This led Smith *et al*. (2019: 162) to conclude:

> The increasing figurational complexity which characterizes sports development work has had unplanned outcomes which are indicative of the inability of any one group – even a group as powerful as central government – to retain control over the policy process so that they are able, within closely defined limits, to pursue effectively their sport and non-sport objectives.

To better understand the enactment of sport policy and the development activities which emerge from it, it is essential that more studies include the voices of those who are often unheard (particularly street -level practitioners such as SDOs and coaches) but who are pivotal to the delivery of these initiatives and, perhaps more importantly, the monitoring and evaluation of community sport programmes (Nicholls, *et al*.,

2010). While other studies have applied figurational sociology to sport participation in various policy contexts (e.g. Haycock and Smith, 2010, 2011; Lovett and Bloyce, 2017; Waddington, 2000), few have considered the voices of other groups who constitute the sport policy figuration. Currently, relatively little is known about the views of those who reside in communities which sport development programmes target but fail to engage or recruit, the various stakeholders with whom the programmes work, and the policymakers who formulate policy priorities and goals (Nicholls *et al*., 2010). However, perhaps more importantly, little is known about how the views and actions of the various interdependent groups across the sport policy figuration interweave to impact upon the enactment of sport policy and determine the degree to which the government is able to achieve its sport and health policy goals as intended.

Kay (2012) has also noted that current monitoring and evaluation approaches are often shaped by external funders who stipulate information requirements which emphasize external accountability and hinder local programme learning. In gathering this information, burdensome forms are often compulsory to collect the necessary data, though they frequently undermine relationships and compromise the quality of data produced (Kay, 2012). This is further reinforced by other commentators (Coalter, 2010; Edwards, 2015; Harris and Adams, 2016; Kidd, 2011; Lyras and Welty-Peachey, 2011) who suggest more research is needed to generate better quality empirical evidence for the claimed effectiveness of sport development programmes since little is currently known about 'what works for whom, in what circumstances, in what respects and how' (Pawson *et al*., 2005: 21), and what this suggests about the likely effectiveness of government policy. Kay (2012) has also argued that future

monitoring and evaluation approaches need to focus more on internal programme learning needs as opposed to the requirements of external funders, though this presents various challenges in the current policy climate where sport development programmes are increasingly marginalized and are often at the mercy of funders' demands (Kay, 2012; Mansfield, 2016, 2018). In this regard, Mansfield (2016, 2018) and Harris and Adams (2016) suggest that a potential way forward is for closer collaboration between communities and researchers involved in community-based sport programmes such as AB which, as the next chapter indicates, involved collaboration between SE, EitC, EHU and other partners. The next chapter also discusses the research methods which were employed to generate data for the study, how this was influenced by external funders, and how the evidence generated was produced with a view to building upon earlier figurational work on sport policy and development (Bloyce and Green, 2011; Bloyce *et al*., 2008; Smith *et al*., 2019) and developing new knowledge on programme learning (Kay, 2012).

Chapter Three

Research Methodology and Methods

Introduction

The previous chapter discussed the main assumptions and concepts of figurational sociology which provides the theoretical framework for this thesis. The objectives of this chapter are to: (i) explain why a qualitative approach was adopted in this study and related issues of epistemology and ontology; (ii) explain how these assumptions and concepts informed the selection of the multi-phase research design and two research methods – group interviews (GIs) and semi-structured interviews (SSIs) – that were used to generate data in the study; (iii) outline how the study was conducted; and (iv) outline the process of data analysis adopted, namely, thematic analysis.

Qualitative research

Given the open-ended nature of qualitative research and its diversity, Smith and Sparkes (2016) argue that it is almost impossible to provide a single definition which encapsulates what it means for different people, who work across multiple disciplines, fields and subject matters. Nevertheless, they favour the generic definition offered by Denzin and Lincoln (2011: 3), who argue that:

> Qualitative research is a situated activity which locates the observer in the world. Qualitative research consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including fieldnotes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them.

Qualitative researchers use various empirical materials and methods to support the interpretation of these phenomena and often include 'case study, personal experience, life-story and life-history interviews, participant observation, artefacts, cultural texts and productions, along with observational, historical, interactional and visual texts' (Smith and Sparkes, 2016: 2). While the landscape of qualitative research in which these empirical materials are drawn upon is constantly shifting and expanding (Smith and Sparkes, 2016), Guba and Lincoln (1994) provided three fundamental questions to guide qualitative researchers in their investigations of the social world. Firstly, there is the *ontological* question, which is: What is the form and nature of reality and what can be known about this reality? Secondly, the *epistemological* question (which is constrained by the answer given in the ontological question): What is the nature of the relationship between the knower and inquirer (would-be knower) and what can be known? Thirdly, the *methodological* question (which is constrained by the answer provided to by both previous questions): How can the inquirer (would-be knower) proceed to investigate and discover what they believe can be known? This chapter will answer these questions from the researcher's perspective and that of figurational sociology more broadly, beginning with the epistemological and ontological orientation of the current study (Smith and Sparkes, 2016).

Epistemology and ontology

It is inevitable that a researcher's epistemological and ontological orientation influences the theory or theories chosen and the research methodology and methods they select to help answer their research questions. As Bryman (2012: 19) noted, 'methods are not simply neutral tools: they are linked with the ways in which social scientists envision the connection between different viewpoints about the nature of

social reality and how it should be examined'. Before outlining how one conducts research in the social sciences, it has therefore become increasingly common to consider the epistemological (what constitutes more or less adequate knowledge and how one develops this) and ontological (regarding the nature of the world, including the socio-cultural aspects of that world) position of the researcher (Bryman, 2016; Denscombe, 2010; Sparkes and Smith, 2016). For Bryman (2012: 27), epistemology refers to 'the question of whether the social world can and should be studied according to the same principles, procedures, and ethos as the natural sciences', while the central consideration of ontology is 'whether social entities can and should be considered objective entities that have a reality external to social actors, or whether they can and should be considered social constructions built up from the perceptions and actions of social actors' (Bryman, 2012: 32).

There are two broad commonly recognised epistemological positions which are said to be adopted in research: positivism and interpretivism. Though Bryman (2016) recognised there is a considerable debate about the most adequate conceptualization of positivism, for many it often refers to the acquisition of knowledge through an inquiry which is based upon scientific observation (empirical inquiry) rather than philosophical speculation (Gray, 2014). Positivism, it is held, refers broadly to how knowledge can be gathered in the form of 'facts' to inform 'laws' of which values are not a part (Bryman, 2016; Gray, 2014). The discovery of causal or law-like explanations of social phenomena typically underpins the adoption of a deductive approach to the relationship between theory and research which is most synonymous with researchers who favour quantitative research approaches and associated methods (e.g. questionnaires). Accordingly, quantitative researchers are said to take an

ontological position whereby there is an 'objective' reality which exists independently of consciousness (Gray, 2014). At the opposite end of the epistemological continuum, qualitative researchers – including the current researcher – are often viewed as adopting an interpretivist epistemological approach towards research and use research methods (e.g. SSIs and GIs) which help generate knowledge through social interaction and relationships (Bryman, 2016; Gray, 2014). By adopting an inductive approach to their work, this interactive process allows qualitative researchers to articulate their perspectives and experiences and give meaning to actions and behaviours through methods which generate 'rich' subjective data. This is said to reflect the ontological assumptions of many qualitative researchers that there are many subjective realities to be studied in the social world (Bryman, 2016; Gray, 2014; Sparkes and Smith, 2016) which, it is claimed, is socially constructed through the interpretations and perceptions of the people who constitute that world (Bryman, 2016; Sparkes and Smith, 2016).

Yet, the claim that researchers must adopt either a qualitative or quantitative approach to their work is misguided and so, too, is the related suggestion that one must adopt either an inductive or deductive approach to research in which theory is said to be prioritized over method and vice-versa (Dunning and Hughes, 2013; Elias, 1978/2012a). This is because, as Elias (1978/2012a) argued, there is an inevitable interdependence between theory and methods and collectively these inform the evidence generated by researchers. As he expressed it: 'the separation of theory and method proves to be based on a misconception. The development of people's conception of the subject matter is found to be inseparable from their conception of the method appropriate to its investigation' (Elias, 1978: 58). In this regard, one's theoretical framework(s) and research method(s) should be seen as a means to an end,

namely, to generate more reality congruent (or object adequate) forms of knowledge about the phenomena under investigation (Elias, 1978/2012a). All forms of research should therefore be based on a constant interweaving between theory and evidence throughout all phases of the investigation (Dunning and Hughes, 2013; Elias, 1978/2012a). For Elias (and other sociologists):

> it is characteristic of … scientific … forms of solving problems that … questions emerge and are solved as a result of an uninterrupted two-way traffic between two layers of knowledge; that of general ideas, theories or models and that of observations and perceptions of specific events. The latter, if not sufficiently informed by the former, remains unorganised and diffuse; the former, if not sufficiently informed by the latter, remains dominated by feelings and imaginings. (Elias, 1987: 20)

Following Elias, in the present study the process of developing a theoretically-informed approach to the research thus involved a constant two-way interplay, or interdependence, between the concepts and assumptions of figurational sociology and the chosen methods (SSIs and GIs) which helped generate evidence of how sport policy was formulated and enacted as intended, and the impacts this had on the thoughts, experiences and behaviours of those involved in the policy process. The selection of a mixed-method research design to help answer the identified research questions was thus underpinned by the theoretical assumptions of figurational sociology and vice-versa in a manner which is said to be characteristic of Elias' approach (Baur and Ernst, 2011). For Baur and Ernst (2011: 126), 'Elias can be seen as an early proponent of mixed-method research' given his insistence that the

problems being investigated in research should shape which particular forms of data, generated by which particular methods, are selected as part of a wider commitment to undertaking figurational or process-sociological research that does not prioritise one method or data source over another based on personal preferences (Baur and Ernst, 2011; Elias, 1987/2007). As Baur and Ernst (2011) have suggested, for Elias the selection of methods and data is not arbitrary because, 'when analysing figurations, researchers have to take into account at least three different aspects of a figuration: the macro-level (figuration), micro-level (individuals) and the figuration's sociogenesis'. To analyse each of these features within a figurational or process-oriented methodology, then, 'certain data and procedures of analysis are better suited than others' (Baur and Ernst, 2011: 126) and that the selection of these, as in the present study, should be shaped by the problems being investigated rather than a predisposition towards selecting one method over another, and towards prioritising theoretical concerns over methodological ones and vice-versa.

Multi-methods approach to research

A multi-method study design involves implementing multiple methods within a research project incorporating a series of smaller interconnected projects intended to generate knowledge and understanding of the overall research problem (Morse, 2003). Morse and Niehaus (2009: 25) proposed a design typology which included eight designs (outlined below) and used uppercase to signify the dominance of theoretical drive (core) and lowercase to represent their supplemental features. Of the eight designs, there is an equal split of those which are categorised as either inductive or deductive, with a possibility for research projects being sequential (represented by +) or simultaneous (represented by ~). Morse and Niehaus (2009) suggested that in

sequential designs the theoretically driven method is usually conducted initially, before selecting the subsequent method/s which aim to address the issues unveiled in the first study. On the other hand, simultaneous designs are said to be studies which contain two or more methods which are conducted synchronously, though one method continues to theoretically drive the research project (Morse and Niehaus, 2009).

For an inductive theoretical drive, the possibilities are said to be as follows:

1. QUAL + qual for two qualitative methods used simultaneously, one of which is dominant or forms the base of the project as a whole
2. QUAL ~ qual for two qualitative methods used sequentially, one of which is dominant
3. QUAL + quan for a qualitative and a quantitative method used simultaneously with an inductive theoretical thrust
4. QUAL ~ quan for a qualitative and quantitative method used sequentially with an inductive theoretical thrust

For a deductive theoretical drive, the possibilities are as follow:

5. QUAN + quan for two quantitative methods used simultaneously, one of which is dominant
6. QUAN ~ quan for two quantitative methods used sequentially, one of which is dominant
7. QUAN + qual for a quantitative and a qualitative method used simultaneously with a deductive theoretical drive

8. QUAN ~ qual for a quantitative and a qualitative method used sequentially with a deductive theoretical drive

However, there is some debate in relation to the order in which the theoretically driven (core/dominant) method is conducted in the project as part of a sequential design. Schoonenboom and Johnson (2017) dispute Morse and Niehaus's (2009) assumption that the core component should occur concurrently, or prior to, the supplementary component, suggesting that this is too limiting. Instead they prefer the adapted designs proposed by Johnson and Christensen (2017) which are more flexible in allowing the supplemental element to be conducted before a subsequent core component is conducted. Indeed, Schoonenboom and Johnson (2017: 12) suggest that sequential designs performed in this manner can be useful since questions from the second phase of the research can 'emerge/depend/build' upon the first phase, though this may cause some questions to change and evolve over time, particularly given that the questions are often interrelated.

Despite its weaknesses, the strongest feature of the Morse notation system appears to be its powerful ability to communicate and describe the specific design for a given research project (Schoonenboom and Johnson, 2017). Although providing a design name is particularly useful, it is not in itself sufficient and of greater importance is a detailed and accurate account of exactly what was done in the research project to ensure the reader is clear about how the researcher went about conducted the study (Schoonenboom and Johnson, 2017). The procedures will be outlined in more detail later, but it is worth highlighting here the design name and briefly explain why this

was selected. The design name which best represents that chosen for this study is (Morse and Niehaus, 2009):

qual ~ QUAL (qualitatively driven sequential design; though this was used for multiple populations)

In the current study the initial supplementary component (qual) was conducted using GIs which were intended to allow initial exploration of key issues and were examined in greater depth via SSIs in the subsequent core phase (QUAL) as part of a cross-sectional design. This enabled the researcher to build upon topics which emerged in the initial GI and formulate SSI questions based upon participants' views and experiences conveyed in the first phase (Schoonenboom and Johnson, 2017).

Case study design

As Bryman (2016) outlined, case study designs allow for a detailed and intensive analysis of a single case, particularly in relation to its complexity and what it suggests about wider social processes relevant to the phenomena being studied. The term 'case' is commonly used to refer to a particular location such as a community or organisation (Bryman, 2016), or – as in the current study – multiple organisations constituted by individuals and groups who are involved in the formulation and enactment of particular programmes such as AB. In the current study, particular emphasis was given to the intensive examination of the policy process, and the individuals and groups whose actions constituted it in the formulation, enactment and monitoring and evaluation phases – via a case study design. There were several types of case study design which were potentially relevant to this study (Yin, 2009). The first type of case,

as Yin (2009) proposed, was the critical case which is said to support researchers who have selected a well-developed theory and desire to test this theory to generate a greater understanding of the circumstances in which the hypothesis is accepted and rejected. The extreme or unique case allows researchers to study a phenomenon which is not common in most societies and is often the focus in clinical studies. Yin's (2009) third case type is the representative or typical case (or what Bryman [2016] calls the exemplifying case) which is useful when 'the objective is to capture the circumstances and conditions of an everyday or commonplace situation' (Yin, 2009: 48). The notion of exemplification indicates that cases are selected because they characterise a broader category of cases, or they will provide an appropriate context in which specific research questions can be answered, rather than the case being extreme or unusual (Bryman, 2016). The revelatory case is said to be selected 'when an investigator has an opportunity to observe and analyse a phenomenon previously inaccessible to scientific investigation' (Yin, 2009: 48). The final case type outlined by Yin (2009) is the longitudinal case which allows investigations to occur at multiple time points and allows studies to be carried out over time.

Useful though the five types of cases identified by Yin (2009) are, in practice many studies contain elements of each of the five types of case proposed by Yin (2009) and especially a longitudinal element (Bryman, 2016). This was particularly true in this study which involved, for example, elements of the exemplification case given that *AB* was one of multiple broader cases funded by SE via *GHGA* which was part of the wider policy figuration studied. Elements of the revelatory case were also incorporated via the use of SSIs to examine the thoughts and experiences of policy-makers and key decisions makers, while features of the longitudinal design were included to enable

the researcher to examine the formulation and enactment of the policy process over a three-year period at multiple time points.

Research phase one: GIs

As Bryman (2016) and Morgan (2017) note, an interview is something which is perceived to be conducted between two individuals – the interviewer and the interviewee – but a GI technique seeks to gain insight from a number of interviewees, usually at least four. However, the term 'GI' is often used interchangeably with focus groups (FGs) (Bryman, 2016; Morgan, 2017), though there are important – often subtle – differences between the two. Bryman (2016) emphasised that a FG is different to a GI based on three distinguishing reasons, the first of which is that FGs commonly address specific topics or themes, rather than facilitating a wide-ranging discussion on many topics, which is commonly the case in GIs. Secondly, one rationale which is often used to justify GIs is that they save time and can quickly, and efficiently, gather the views of multiple individuals, which is not a reason the FG method would be selected (Bryman, 2016). Finally, and perhaps most importantly, a researcher who employs FGs is often seeking to understand how participants discuss certain topic areas as part of a group, rather than as individuals (Bryman, 2016). GIs focus on gathering the views of multiple individuals which can be explored further in follow-up individual interviews if required, as was the case in the current study. Kamberelis and Dimitriadis (2013) recognised that people may feel uncomfortable in a one-to-one interview initially, and a group setting may overcome this and allow the interviewer to develop rapport with interviewees, resulting in a reduction of participants' cautiousness in expressing their thoughts and experiences. However, in GIs (and FGs) it is not uncommon for individuals to dominate the discussion and 'silence', or at least

significantly limit, the expression of others' thoughts (Smith and Sparkes, 2014). It is, therefore, the role of the interviewee, or facilitator, to ensure this is not the case and that the voices of all group members are heard. It is still possible, however, that group members will feel constrained to agree with the views of the majority of participants rather than expressing a contrary view (Bryman, 2016; Morgan, 2017), which is why, in part, the current study adopted SSIs in phase two which will be discussed in more detail later.

Group interviews: participants and procedures

Overall, 14 GIs were conducted with 67 men from two populations: (i) *AB* participants which consisted of men who had attended weekly sport sessions provided by EitC for a minimum of four weeks; and (ii) men who chose not to attend *AB* sport sessions but had participated on one of five engagement events called 'Lads Night In' (LNI) targeted at inactive men aged 35-50-years-old from North Liverpool and held at Goodison Park. The LNI events over the duration of the project, catering for 120 men at each, had a strong EFC theme, including panel discussion with former EFC players, photo opportunities with replica cups, and raffles for signed EFC memorabilia. Food and drink were also provided in the form of a pie and chips with a free pint of lager and *AB* was promoted by former players. Using GIs at these events allowed the researcher to capture the views and experiences of those who had attended the weekly *AB* sport sessions but also understand why some men did not attend *AB*.

The means by which the *AB* and LNI participants engaged in the GIs varied. For LNI attendees, the GIs took place at Goodison Park in May 2016 and October 2016 and January 2017. For this population, participants were approached by the researcher at

the beginning of the LNI events to verbally explain the nature and purposes of the research and provided with a copy of the participant information sheet (see Appendix Two). If the attendees agreed to take part in the GIs, verbal and written consent was sought via an informed consent form (see Appendix Three) in accordance with guidelines stipulated in the approved ethics application from EHU. The GIs were then conducted in a function room prior to the event starting and were digitally recorded with the interviewees' consent. Each GI lasted between 30 and 45 minutes and all participants were offered a copy of the digital recording and a typed transcript to review and edit should they wish to; none of the participants requested this. To further alleviate any concerns the participants had about being involved in the research, they were provided with a verbal guarantee of anonymity and an explanation about how this would be honoured.

For *AB* participants, all GIs took place in August 2016 and were held with participants who were regularly attending *AB*. These participants were invited for a tour of Finch Farm, EFC's training ground, and once the tour had been completed, they participated in the GIs following the same protocol as the LNI attendees. The GIs held with the *AB* participants also lasted between 30 and 45 minutes and none of the participants requested a copy of the digital recording or transcript. The GIs took place in a quiet meeting room and the *AB* participants were asked to discuss their thoughts and feelings about their lived experiences of the programme.

The flexible GI guide (Appendix Six) was devised to explore topics of particular interest to the study, which were further developed and explored in phase two. The first set of topics discussed with the *AB* population focused on the participants'

experiences of the weekly sport sessions they had attended, including specific questions related to the mixed-age nature of the programme, how the sessions were run by the coaching staff, whether it mattered that the sessions were free of charge, and how the Everton brand impacted upon their decision to attend. Secondly, the men were asked whether they had noticed any health improvements since attending *AB*. Finally, the groups were asked how they would improve *AB* and what changes, if any, they would make to ensure that they continued participating and, where appropriate, to encourage more men like themselves to attend in the future. In the GIs with the LNI attendees, participants were encouraged to discuss the recruitment event, including why they decided to attend and with whom they attended, whether they had attended similar events in the past, and what would encourage them to attend future events similar to LNI. The men were then asked for their thoughts about the *AB* programme which was advertised at the event, whether they knew anything about *AB* and whether it was something they were interested in attending. Finally, this group of men were asked about what, if anything, would make them more likely to attend and whether the organisation (e.g. EFC/EitC) who delivered a programme of this type would influence their decision to attend.

Research phase two: SSIs

In contrast to the GIs, SSIs are performed on a one-to-one basis and use a flexible guide in which questions are asked in a non-specific order and the interviewer investigates descriptions and accounts given by the interviewee with follow-up questions to clarify issues discussed (Roulston, 2010; Thurston, 2019). The questions in the interview are often much more general and broad than in GIs, allowing for greater exploration through probing ‘in response to what are seen as significant

replies' (Bryman, 2012: 212). A significant strength of conducting qualitative interviews (including SSIs) is that greater emphasis is given to understanding the interviewees' perspective, which is often more possible given the open approach adopted in the formulation of the interview questions and topic areas (Bryman, 2016; Sparkes and Smith, 2016; Thurston, 2019). However, at times this necessitates wider discussion and 'going off at tangents' (Bryman, 2012: 470) to encourage greater discussion around topic areas, and to generate a deeper insight into what the interviewees perceived as significant and important.

This interviewee-centred approach to interviewing requires a flexible approach where the interviewer is comfortable to make significant detours from the interview guide, and the direction in which this detour takes is often steered by the interviewee (Bryman, 2016; Sparkes and Smith, 2016). Although a SSI guide was developed in the current study (see Appendix Six), questions were open-ended and allowed interviewees to explore issues and topics while simultaneously enabling the interviewer to ask additional questions to 'clarify emerging lines of enquiry' (Thurston, 2019: 117). It was, however, important that questions were structured in a way that permitted the interviewee to shape the interview in the desired direction and which encouraged the emergence of relevant issues for discussion (Bryman, 2016; Sparkes and Smith, 2014). In trying to elicit rich and detailed explanations it was important for the interviewer to understand the value of silence, which at times can give the interviewee time to reflect and potentially add to or amend their initial answer (Sparkes and Smith, 2014), which in the current study was particularly valuable when speaking with the *AB* and LNI participants.

Overall, SSIs were conducted on a one-to-one basis and flexibility of this method allowed the interviewees to 'reveal much more about the meaning they attach to their experiences, thereby providing the interviewer with deeper knowledge about them' (Sparkes and Smith, 2014: 84). Since some participants may have been uncomfortable in a group setting, SSIs were employed to encourage participants to 'express their opinions, ideas, feelings, and attitudes' (Sparkes and Smith, 2014: 84) about *AB* and LNI. Those who did feel less comfortable in a group setting may have been slightly reluctant to express their views, or may have felt pressured to conform with the preferred impression of their action as conveyed by others (Bryman, 2016; Sparkes and Smith, 2014, 2016).

Semi-structured interviews: participants and procedures

Both *AB* participants (n=11) and LNI attendees (n=6) were invited to take part in the SSIs (Table 3.1 and 3.2) which took place after the GIs. Four coaches who delivered the weekly *AB* sport sessions were interviewed: two worked for EitC and two who worked for their delivery partner, Breckfield North Everton Neighbourhood Council [BNENC]. A senior representative from EitC who was responsible for managing *AB* and two senior members of staff who worked, or had previously worked, for SE completed the sample of participants who engaged in the SSIs.

Table 3.1 AB SSI participants

Name	Age	Post code deprivation*
Alistair	64	40% least
Simon	36	10% most
Sam	71	10% most
James	49	40% most
Chris	58	30% least
Ben	40	10% most
Jonathon	30	10% most
Phillip	61	30% most
Thomas	54	40% most
David	43	20% most
Alfred	64	10% most

* Based on English indices of deprivation (Ministry of Housing, Communities and Local Government [MHCLG], 2015)

Table 3.2 LNI SSI participants English indices of deprivation (MHCLG, 2015)

Name	Age	Post code deprivation*
Peter	53	10% most
Arthur	56	10% most
Daniel	32	10% most
Jack	33	10% most
Alan	40	10% most
George	49	50% most

* Based on English indices of deprivation (MHCLG, 2015)

As with the GIs, the procedure for conducting the SSIs varied according to the population involved. The *AB* participants and LNI attendees were invited to take part in interviews held at either Goodison Park or the Everton Free School (a venue where *AB* weekly sessions were held). As an incentive to remain involved in the research, participants were offered an optional free tour of Goodison Park after which they were interviewed in a quiet room. Each interview lasted for between 30 and 60 minutes and was audio recorded with the verbal and written consent of the interviewees. As with

the GIs, the interviewer explained the purpose of the research and provided the interviewees with an information sheet (Appendix Two) about the study and how their involvement would contribute to the findings. The participants were again given a guarantee of anonymity and offered a copy of the audio recording and transcript, though none of them requested this.

For *AB* participants, the researcher asked interviewees about their experiences of *AB*, including their thoughts and experiences of the programme, their views of the people who attended and delivered the programme, and how their knowledge, attitudes and behaviours had changed, if at all, since attending. The other two areas of exploration included their sporting biographies and histories (to generate data on the age at which they dropped out of sport and the reasons for this, along with their reasons for returning to sport participation) and the effectiveness (or otherwise) of the brand of professional football in helping to engage physically inactive men in a community sport and health programme. The LNI attendees were asked more in-depth questions about their thoughts and feelings of the LNI event and whether they felt it was a viable method for recruitment onto the *AB* programme. Secondly, they were asked to discuss their thoughts about the *AB* programme, whether it was something they would consider attending, whether they had attended anything similar in the past, and the other competing priorities in their lives which may have prevented them from attending *AB*. They were also asked about their sporting biographies and use of the brand of a professional football club (i.e. Everton) to encourage them to be more physically active and become healthier.

For the remaining participants who engaged in the SSIs (i.e. coaches and senior representatives of EitC and SE), each interview guide was devised according to the interviewees' job role and responsibilities, along with key factors (e.g. lengthening chains of interdependence, power relations, complex interweaving of intended actions of those involved in the sport policy figuration) which are essential to the enactment of policy and the policy process (Bloyce and Smith, 2010; Dopson and Waddington, 1996; Smith and Leech, 2010; Smith et al., 2019). Conducting SSIs with these participants enabled them to reflect upon: their own working role in the figuration and the influence they had on *AB*; their views and opinions of their experiences of policy enactment and the policy process as a whole; and their working relationship with other key individuals and groups in the figuration who were also responsible for the enactment of sport policy.

The SSIs held with programme coaches and senior representatives of EitC and SE were also audio recorded with the verbal and written consent of the interviewees, with interviews lasting between 45 and 80 minutes. The location of the interviews was commonly in a quiet meeting room at the interviewee's place of work as they regularly expressed this was the most convenient location that caused least disruption for them, though on one occasion Skype was used as there was no other feasible alternative. All other procedures concerning anonymity, securing participant consent, and recording of interviews were the same as those outlined for the LNI and *AB* participants.

Overall, the interviews held with all participants in this study were intended to foster discussion on their perceptions and experiences of their interdependent networks; how their actions were constrained and enabled by others with whom they form figurations;

how and why power balances within the figurations are constantly in flux; and so on (Baur and Ernst, 2011). However, the production of such rich and detailed data is likely to cause emotional responses from both interviewer and interviewee, and it is for this reason the concept of involvement and detachment proposed by Elias must be considered by the interviewer, as in the current study (Perry *et al*., 2004). Involvement can develop rapport between the interviewer and interviewee, though emotional involvement is likely to enable and constrain interaction across the course of the SSI depending on the topic of discussion (Perry *et al*., 2004; Thurston, 2019). Thurston (2019: 118) explains that 'to think sociologically during the research process – and especially during the SSI – interviewers have not only to be aware of their own (perhaps fluctuating) emotional involvement but also undertake a 'detour via detachment''. This advice was heeded by the researcher in the current study who showed restraint at the expression of such emotion to prevent 'leading' the interviewee or overlooking other themes (Thurston, 2019).

The researcher in the current study attempted to follow Thurston's advice – as argued by Elias (1978, 2012a) – of taking a 'detour via detachment' by allowing the interviewees to express their own views and beliefs whilst avoiding agreeing, or disagreeing, with the points made to prevent solidifying their opinions. Whilst probing questions were used to allow for a greater depth of understanding, the researcher did not express their own opinions in relation to the issues raised given the potential risk of leading the interviewee to presume they had given the 'correct' answer. This was particularly difficult at times given the close working relationship which the researcher had with some members of staff at EitC over the three-year delivery of *AB*. The working relationship between EitC and EHU resulted in the researcher being acutely

aware of certain issues which arose throughout the delivery of *AB*, though the researcher did not prompt or lead interviewees towards giving a particular response. Indeed, at times it was a challenge for the researcher to abstain from reminding interviewees of certain issues which had arisen during the delivery of *AB*, but to prevent the level of involvement becoming emotional the researcher refrained from doing so. This was an ongoing process throughout the SSIs and was something which the researcher had to be conscious of at all times and keep at the forefront of his mind to ensure emotional involvement was prevented.

Data analysis

All interview recordings were transcribed verbatim before being analysed thematically to identify the participants' experiences of their involvement in *AB* and the enactment of *GHGA*. The researcher read all transcripts on three separate occasions before engaging in an interrelated process of:

> *data reduction*, through applying codes to the data … or elimination of repetitive or irrelevant data ... in order to define conceptual categories; *categorization of data*, through sorting and classification of the codes or data in thematic groupings or clusters, and … *reorganization of the data into thematic representations* of findings through a series of assertions and interpretations. (Roulston, 2010: 150-151; emphasis in the original)

Braun and Clarke (2006, 2013, 2014) suggest that themes capture significant aspects of the data that relates to the research questions and are representative of a pattern or meaning of responses within the data. While prevalence may play a role, the number of instances a theme appears across a data set does not signify its importance; rather, the researcher must apply their own judgement or interpretation to determine what a themes is (Braun and Clarke, 2006, 2013, 2014). It is suggested that to perform

thematic analysis adequately, the researcher must ensure they are flexible and avoid rigid rules, while an inductive approach is also advocated and was adopted in the current study (Braun and Clarke, 2006, 2013, 2014). An inductive approach allows thematic analysis to be data-driven, rather than trying to make it fit into pre-determined codes (Braun and Clarke, 2006, 2013, 2014). This approach prevents themes being driven by the researchers' theoretical interest; indeed, themes may have little relation to the specific questions asked in the GIs and SSIs. More recently, reflexive thematic analysis has been a term used to describe this approach, where reflexivity promotes critical reflection upon the data generated as the researcher attempts to make sense of them (Braun and Clarke, 2013, 2014). Viewing the data through a critical lens allows the researcher to interpret the participants' accounts using both an 'insider' (i.e. staying close to the participant's account) and 'outsider' stance (i.e. stepping back from the participant's account) (Braun and Clarke, 2013). Themes are the end point of this process and are built from smaller meanings, referred to as codes, with reflexive thematic analysis supporting creative story telling about the data that reflects the researcher's interpretive lens (Braun and Clarke, 2013).

The software programme NVivo 11 was used by the researcher in the current study to support the reflexive thematic process, though a familiarisation of the data set was conducted during the first read through of all transcripts as part of an initial search for patterns and potential codes and/or themes. Braun and Clarke (2013) describe the familiarisation phase as an immersive process which allows the researcher to begin to notice things of interest, though importantly this process is not a passive one. It was therefore important for the current researcher to '*read data as data*' rather than simply developing an understanding of the surface meaning of the words (Braun and Clarke,

2013: 205; emphasis in the original). This required the researcher to read the words '*actively, analytically* and *critically*' which allowed an initial awareness of what the data meant (Braun and Clarke, 2013: 205; emphasis in the original). As recommended by Braun and Clarke (2013: 204), the researcher in the current study kept a record of 'loose overall impressions' and 'conceptual ideas' about the data which was referred back to, though this process was 'observational and casual' rather than 'systematic and precise', a process which occurred later. These notes served as reminders and triggers for the current researcher when the analysis was developed further.

On the second read through of the transcripts guidance from Roulston (2010) was followed, whereby the researcher commenced the coding process on hard copies of the transcriptions prior to applying codes in the NVivo 11 software programme. During this stage of thematic analysis, both 'in-vivo codes', which are defined as 'words and phrases uttered by the participant' (e.g. Everton), and 'analytic codes', which include 'codes relating to the research questions posed' (e.g. intended policy outcomes) (Roulston, 2010: 151), were identified. The form of coding conducted by the researcher in the current study was 'complete coding' (Braun and Clarke, 2013: 206), which involved a process of coding all data that were potentially relevant to answering the research questions before becoming more selective later in the analytic process. However, in adopting this approach data extracts were at times coded in multiple ways, which Braun and Clarke (2013) recommend should be conducted if it fits the purpose. Furthermore, rather than using 'data-derived codes' which provide a summary of the explicit content of the data, the current researcher developed 'researcher-derived codes' which required identification of implicit meanings within the data using their conceptual and theoretical understanding (Braun and Clarke, 2013:

207). In adopting this approach, the researcher was able to identify particular things in the data in line with their theoretical and knowledge frameworks (particularly in relation to the relevant concepts of figurational sociology) and provide their own interpretation of the data generated. Producing researcher-derived codes in this way enabled the researcher to develop 'an interpretive analysis which goes beyond the obvious' (Braun and Clarke, 2013: 210) and which produces theoretically-informed interpretations of the data generated by the interviews.

Indeed, the researcher-derived codes across all analysed transcripts were subject to a cross-checking process, before the 'in-vivo' and 'analytic' codes were 'adjusted, collapsed, and revised' into larger codes, also known as 'categories' of data (Roulston, 2010: 153). This process involved the current researcher seeking to identify patterns in the data by reviewing each code and recognising similarities and parallels between multiple codes (Braun and Clarke, 2013, 2014). This involved the researcher searching for concepts, topics and issues which several codes related to and could be organised into categories (e.g. conflicting views/actions) or, in some instances, were large enough to form themes (e.g. unintended policy outcomes). Throughout the process the data were analysed in relation to the researcher's understanding of key theoretical concepts, such as figurations, interdependence, power, and unintended outcomes. This supported the researcher in organising the codes and categories of data into key themes, which revealed the different views and experiences of individual participants, and each group, who took part in the GIs and/or SSIs. The final stage of the reflexive thematic analysis process was then initiated, consisting of a review of the themes, defining and naming the themes, before finally reporting the data (Braun and Clarke, 2006, 2013, 2014) which are presented in the next three chapters.

Summary

The main objective of this chapter was to explain and justify the selection of GIs and SSIs as part of a multi-methods, cross-sectional research used to generate relevant data to help answer the study's research questions. In doing so, it was argued that the two research methods were particularly useful for investigating the complex interdependencies that exist among the various people who played a role in the enactment of sport policy, including through *AB*. The chapter also sought to outline the procedures carried out by the researcher to complete the research, and how the data were generated and analysed. These data are presented and discussed in more detail in the next three chapters which seek to provide a more reality-congruent, and sociologically adequate, explanation of how community sport-based health policy is formulated (Chapter Four), enacted (Chapter Five), and monitored and evaluated (Chapter Six).

Chapter Four

Formulating Government's Community Sport Policy for Health

Introduction

The objective of this chapter is to understand how community sport policies intended to promote individual and public health are developed using the formulation of *GHGA* as a case study. In this context, the chapter examines the extent to which government priorities influenced the decisions made by SE during the development and formulation of *GHGA*, focusing in particular upon the experiences of staff who worked at SE during the period of its formulation. Using data generated by semi-structured interviews, the chapter explores the assumed benefits sport and PA have for public health outcomes – as articulated in *GHGA* – and how this affected the policy process, particularly during the formulation stage. The chapter will also consider how the objectives for *GHGA* were developed and what, if anything, influenced the decisions of two SE staff members (then the only staff with a remit for health) responsible for implementing these targets and how it impacted upon EitC staff who were accountable for ensuring the outcomes and outputs were achieved via *AB.* Finally, the chapter reveals sport policy and development activity's vulnerable and marginal position, which influenced the occupational socialization and ideologies of those in the sport sector and which came to enable, and constrain, the actions and behaviours of those who formulate sport policy and *GHGA.*

Health and sport participation as a policy priority of *GHGA*

As explained in Chapter One, the austerity measures introduced by the Conservative and Liberal Democrat Coalition government in 2010 further marginalized sport policy and development activity in England. Many sports development teams were required to relocate due to the severe cuts and were often situated in public health departments where funding was prioritized and protected to a greater extent. Whilst this repositioning of local sports development teams helped preserve some of their existence, it appeared to constrain them to orientate their work towards achieving individual and public health goals as well as sporting objectives:

> I think you've got the austerity measures, the cuts that are happening, meaning that there's a retraction of people that are perhaps in that space at local level, and there's a lot of difficult decisions having to be made locally. So we've got a local government team, we've got local government relationship managers who are dealing with that day in, day out, and our planning team, about potential facility closures, potential cuts and where those are going to land. We've seen traditional sport and physical activity kind of development teams perhaps moving into public health as this was where budgets existed. (Sarah, SE senior representative)

The constraints which were brought about by being required to work with health organisations and achieve health goals significantly shaped the approach SE adopted, particularly in the emphasis it placed upon partnership working. The data in this study indeed suggested that prospective *GHGA* applicants were formally required to establish partnerships with local health organisations to address the Coalition's broader concern with encouraging the greater integration of community-based health services as part of its commitment to the localisation of health services (Hunter and Marks, 2016; Smith *et al*., 2016). As Sarah, a SE senior representative noted:

> There was a push for collaborative approaches that were aligned to health and wellbeing strategies and had [to be] … support[ed] and sign[ed]-off … [by] public health commissioners. So it was very much about it needing to meet local commissioners' wants as well as kind of what we were looking for…[being] tailored to inactive people.

This was clear evidence of the continued marginalization of local sports development activity and the growing expectation that community sports programmes (Green, 2006; Houlihan and Green, 2006; Parnell *et al*., 2018) would contribute to the achievement of non-sporting objectives and meet the needs of local health commissioners. The investment in sports programmes focused on health promotion was underpinned by the widely-held ideological view that links sport participation with good health (Bloyce *et al*., 2008; Coalter, 2007a, 2013; Smith *et al*., 2016, 2019). In this regard, informed by the forthcoming priorities of *SF* and *TaAN*, the formulation of *GHGA* was dominated by the imperatives of 'sport for greater social good' and 'health', rather than 'sport for sport's sake' which was central to *Creating a Sporting Habit for Life* (DCMS, 2012) in the lead up to the London 2012 Olympic and Paralympic Games and became a more-or-less central part of the increasing convergence of the sport and public health policy sectors. As Sarah explained:

> There were huge [budgets] for facilities and for NGBs and for things like that previously, and then there was five million pounds set aside for investment into health-related projects, and our remit then was very much sport, so we weren't investing in walking and things that we are able to invest in now under the new strategy period.

Sarah also reflected upon this reoriented policy emphasis when she described SE's lack of experience in, and knowledge of, public health sector policy since most of their

previous work focused upon more traditional (often team) sports and NGBs – a tendency which was reinforced by the government's elite sport priorities for the London 2012 Olympic and Paralympic Games (Girginov *et al*., 2015; Green, 2006; Milton *et al*., 2018) . Following the Games, however, elite sport priorities and the privileging of NGB sports weakened and government policy priorities shifted again, using sport for non-sporting goals, and particularly those related to health. Kathleen (former SE senior representative), who had experience of PA policy and its contribution to health, was appointed to a new strategic role for health created by SE to help them respond to the shifting policy priorities of government even in the absence of evidence (Bloyce *et al*., 2008; Coalter, 2007a, 2007b, 2013; Gard *et al*., 2018; Weed, 2016). For example, Kathleen said:

> In the previous strategy period, which kicked off in 2012, so it was kind of in the lead up to the Games, we had a very strong focus on investing … [in] the kind of traditional sports like the national governing bodies of sport and things like that, and we hadn't been doing huge amounts on health, but we recognised the contribution that physical activity and sport made to health and wellbeing.

Despite this apparent commitment to investing in community sport programmes that contributed towards health promotion, it was evident that 2012 was only the very beginning of a much broader trend. Although Kathleen was the only member of staff initially employed to focus on the development of *GHGA*, during the lead up to, and especially following the publication of *SF* and *TaAN*, SE began to invest heavily in a significantly larger workforce to help evidence the contribution sport was believed to make to health and wellbeing outcomes. This involved, among other things, establishing partnerships with health organisations (including PHE and DoH) and health charities from the Richmond Group, and undertaking consultations with them

to obtain evidence to shape and inform how *GHGA* was to be developed. In this regard, *GHGA* was SE's attempt to legitimize sport to public health partners, as Sarah explained:

> Developing partnerships with the more traditional health partners…the Richmond Group of health charities has been work that we've been doing for a while. The Department of Health, Public Health England…creating links into organisations like the NIHR [National Institute for Health Research], NHS England, health education and much more broadly.

At the time of *GHGA*'s formulation in 2012, Kathleen sought advice on its potential focus from these health organisations by creating an unofficial steering group:

> So anything I would have done, or proposed, I would have consulted on it and talked to people. Because I was with Sport England and leading it, I often went external for any advice, so there wasn't a formal advisory committee, but in June 2012, I held a meeting with basically a group of people, kind of key agents, people from the Department of Health, people from the British Heart Foundation and others, just sort of saying, "Look, this is what the report shows, this is what we're thinking about doing, what ideas have we got, what do you think about the criteria?".

In addition, informed by the government's PA and health policies (e.g. *Healthy Weight, Healthy Lives,* DoH, 2008), SE would now increasingly mirror the work of the health sector by explicitly targeting inactive populations. The increased emphasis on PA within health policy appeared to present an opportunity for SE to demonstrate and legitimize the contribution sport could make to addressing public health concerns and government objectives (Gard *et al*., 2018; Milton *et al*., 2018; Weed, 2016), as Kathleen explained:

> I think there was a cross-government obesity strategy, *Healthy Weight, Healthy Lives*, so all of those things would have played a role, and we would have been aware of what they were trying to achieve because our basic kind of premise was that what we were trying to do was align with what the Department of Health was trying to achieve. We wanted to be able to pitch and show our contribution to anything healthy, because previously we'd been around sport for sports sake and about, essentially, probably helping getting sporty people more sporty, rather than working with those that weren't participating.

Evidence endorsed by the DoH was particularly influential in the formulation of *GHGA* since it pointed towards how the greatest health benefits associated with participating in PA (but, notably, not sport) occurred among those who were previously inactive or sedentary, which was one of the key outcomes the DCMS now required SE to address in its work (HMG, 2015; SE, 2016a) Referring to the Chief Medical Officer's PA guidelines, Sarah said:

> It talked about obviously trying to get people, adults, to … do fifteen minutes a week, [because] … they also said that the greatest public health benefits to be gained were getting people who were doing nothing to doing just a little bit more, so having fifteen minutes a week, where most adults are getting the general health benefits [and] reducing the risk of certain diseases ... If you look at the growth in the [dose-response] curve, the biggest growth [comes] from those people who do nothing to people who just do something.

Policy-makers in the health sector have long been aware of the health benefits of PA (e.g. walking) and the importance of tackling inactivity and this has been translated into public health policy goals (HMG, 2015; Milton *et al*., 2018; SE, 2016a; WHO, 2018). However, the evidence base to support the role sport plays in increasing PA and reducing physical inactivity was much weaker, perhaps due to the lack of evidence available (Gard *et al*., 2018; Mansfield, 2016, 2018; Weed, 2016). The generation of

more persuasive and scientifically grounded evidence was, therefore, frequently referred to as something that was required by senior decision makers in the sport policy community. Sarah emphasised the importance of generating evidence on the role of sport in tackling physical inactivity through *GHGA* as follows:

> When you talk to a lot of health partners there can be a perception that the only way you can get inactive people active is to get them walking. We felt that wasn't completely true because walking doesn't meet everybody's needs, but where was the evidence to show what the role that sport could be playing is? And so that's where Get Healthy, Get Active was born, [it] was about improving that evidence base. And because of the need to improve the evidence base, that then informed the approach that was taken around evaluation and research.

In light of the lack of evidence for sport's alleged health promoting role, Kathleen also noted how developing a more robust and convincing body of evidence was a key justification for the development of *GHGA*:

> The main job of *Get Healthy, Get Active* was a review that we did. So in 2011 I was [sic] feeling that Sport England was trying to … explore the … health bases and thinking about the role of Sport England and what we could do, and then within that we thought, 'Well, it'd be a new start, let's look at what the evidence says about sport's role in supporting inactive people to be more active'.

The policy response of SE was to commission a systematic review (Cavill *et al*., 2012) of the existing evidence base to identify the degree to which community sport programmes could contribute towards tackling inactivity and improving public health, as Sarah explained:

> We started the whole [*GHGA*] process by commissioning a systematic review into the evidence base for sport's role in tackling inactivity and improving

> health, and that was really the start point…to find out what already worked. And what we found was, there weren't a huge number of studies that had really focused on that, and when we started to look at the grey literature, there were a number of projects, or kind of delivery mechanisms or partners, who were talking about their role in tackling inactivity, but they weren't actually able to articulate how many inactive people they'd worked with.

Notwithstanding the lack of evidence identified by the systematic review, SE remained ideologically and politically committed to training project managers to deliver community-based sport and health programmes targeted towards inactive populations, not least because of the policy requirement from *SF* that they would do so. As Kathleen noted:

> The review basically looked at…can sport engage people that are the least active, and what that review showed was actually there wasn't any evidence that suggested that sport could. It wasn't as well developed as the evidence around wider physical activity, but there was a kind of general sense that sport probably could play a role in this, so the report said there's very little evidence, there's evidence for wider physical activity, but not much evidence for sport itself. But the recommendations were that Sport England should develop programmes to target the least active, or what we tend to call inactive, [and] that we should train project managers to deliver these programmes and make sure that people have the right skills and information to properly evaluate the programmes.

While SE were constrained by PHE agendas and the growing expectation from government for sport policy and development activities to contribute towards broader social policy goals and non-sporting objectives (especially related to health), they were also simultaneously enabled by the political and policy salience of health. The increasing prioritization of health in broader government policy, and especially in *SF*, enabled SE to attractively position its work and ensured its policy responses were persuasive to government ministers and further legitimized their role in formulating

policy (*GHGA*) which addressed their concerns about health. The close alliance SE developed with more powerful organisations, such as PHE, also enabled SE to form new partnerships and collaborations with those in the health sector, thus facilitating access to funding, knowledge and skills, which will be explored next.

Sport-for-health: causality and what counts as evidence?

During discussions about the need to improve the evidence base for sport's contribution to health it became clear that SE, influenced by PHE, adopted a ranking approach to these different types of evidence with randomised controlled trials (RCTs) regarded as the gold standard since these were perceived to best demonstrate causality and behaviour change in sport and health outcomes. Sarah explained what, in part, influenced this increasing concern with establishing causality when discussing the importance commissioners place upon particular kinds of evidence of 'what works':

> It is a policy driver I guess at the time [when] health was doing their commissioner/provider split and becoming more and more evidence-based in practice. So, I think through commissioning, the first point is, where's your evidence of what works, before you go down the line of what you're going to do. That systematic review route quite clearly showed that the evidence wasn't as strong as we would want it to be to be able to support people to make those business cases at a local, regional, [or] national level.

While the research methodologies and methods adopted by Round One and Two *GHGA*-funded programmes were fairly broad and diverse it was claimed that, as promoted by PHE, the generation of evidence of causality in future funding streams was to become critical, as Sarah described:

> I think it's really dependent on the methodology behind it. The [*GHGA*] projects fit into different levels of the hierarchy of evidence, is probably the best way to say… So some are more traditional pre- and post-, to be honest,

> but then there's some time series kind of approaches in there as well. But I guess you could say the breadth of it is quite broad, and certainly as we move forward into a new strategy period around the research, we'd be looking to perhaps be a bit tighter around that ... We want to understand causality and things like that, which wasn't part of what we were asking our initial [*GHGA*] projects to do. And that in part, I think, has been driven by the way that Public Health England have been doing things … around their promising practice review, but recognizing that actually there's some really promising work happening, but actually the causality element of the evaluation and research is missing.

One consequence of developing close alliances with representatives of the health sector was that SE were continually constrained by the preferred approaches of organisations like PHE which was evident from the decision to encourage funded programmes to adopt process evaluations in their work. SE immediately implemented this approach in their own work and sought to determine causality in changes of sport participation levels and health outcomes using quantitative and qualitative methods in the monitoring and evaluation of programmes, as Sarah described:

> Throughout the *Get Healthy* [*Get Active*] project there's a strong element of process evaluation, and that would continue, and I think very much following on from Public Health England evaluation regional events that they did, where they were kind of saying, "Evaluate process all the time, and when you can evaluate quantitative change and understand the causality of that", that's the least you should do is understand what's working where, and for who, at a qualitative level.

However, when the issue of determining causality was discussed further and whether SE intended to gather these data from the *GHGA* programmes/local research teams, Sarah said this may not be possible. Thus, whilst SE felt constrained to seek to determine causality in its funded programmes, this was not necessarily felt to be realistic and that they would still be able to pursue their sport and health agenda in absence of that evidence anyway:

> I think no, because I don't think we would have the capacity to do that. One thing, I know we initially spoke about, with the Round Two projects, was about the potential for having a database of all the data, so actually just pulling in everything from every project, and we've not gone down that route, purely because I think it would have been a data-sharing consent management nightmare at the point where we'd started to think about it. I think going forward we might want to do something like that, that would actually enable us to commission that approach. Once we've got the data, then we could potentially share that with others, but also we can invite research teams in to say that we're really interested in understanding this. "There's the data. What can you tell us?" So there is that kind of potential.

Another common theme throughout the semi-structured interviews with SE staff was the growing importance for SE to identify new ways of disseminating evidence that sport could be a tool to improve health, and how it could be used to support PHE's agenda. It appeared that SE were increasingly favouring health-based academic forums to disseminate evidence of the effectiveness of their work in engaging inactive populations. This was evident when Sarah commented thus:

> The other great thing about that though is that we have successfully submitted quite a few abstracts to conferences, which isn't something that Sport England does habitually, so that's been really great that we've actually been successful. So we've had posters at the Public Health England conference for the last couple of years, [and] the Health Enhancing Physical Activity conference in Belfast, which was great. So we were able to showcase some of our Round One projects at that, and we're actively looking for other conferences that we can put abstracts in to start showcasing, now that data's coming through from the Round Two projects as well.

The reasons behind this new approach SE had taken to the dissemination of evidence was explored further with Sarah who explained how SE were particularly keen to influence the content and conclusions of Cochrane reviews. In particular, SE's ambition was for the wider market to become more aware of the contribution sport could make to health, including through the dissemination of practical research to organisations wishing to affect behavioural change in their programmes:

> The objective [was] around improving the evidence base and recognising that there are a number of different ways we need to do that and disseminate it, and one of those ways is to disseminate more academically than we traditionally would have. We also want to showcase the work that all the academic research partners have been involved in, it was suggested quite early on by a couple of the universities involved that a special journal article may be a good thing to consider, and actually, if we want to go to influence future systematic reviews, which is what we do want to go on to influence…the Cochrane reviews, as well as then recognising the need to translate that evidence into usable resources for providers on the ground who are trying to develop their projects and delivery in the best way possible to broaden their markets. (Sarah, SE senior representative)

The preference for causal evidence from SE was clear and appeared to be influenced by the need to effectively demonstrate sport's ability to contribute towards wider social outcomes (Coalter, 2007a, 2013; Smith *et al*., 2019; Smith *et al*., 2016; Weed, 2016, 2017). The approach taken to gather this evidence was influenced by the government, via seemingly more powerful groups such as PHE, who preferred the generation of evidence which could determine causality between behaviours such as sport participation and improved physical and mental health. This appeared to be associated with the desire to use the evidence generated by *GHGA* funded programmes to inform practice, though there were several challenges faced in making this ideological view become reality. Indeed, the proposal appeared somewhat rhetorical given the impractical and unrealistic nature of SE's desires to gather causal evidence (Cairney, 2016; Greenhalgh, 2018; Wye *et al*., 2015). Nevertheless, SE proceeded with this approach and used it to specify outcome targets for *GHGA* funded programmes and the decision-making processes involved in this are discussed next.

GHGA and the shift in sport policy: from process to product

As in other areas of its work, SE adopted quantitative indicators to identify and monitor the proportion of the population who were active (defined as engaging in at least 30 minutes of moderate intensity PA/sport per week; the so-called 1 x 30 indicator) and inactive (defined as less than 30 minutes of moderate intensity PA/sport per week), and specified that evaluation teams identify the proportion of the participants who had transferred from being inactive to active. As Sarah explained, the 1 x 30 minutes indicator was perceived to be a more realistic target for inactive populations to achieve, particularly given the lack of evidence to support the use of community sport programmes to engage these groups:

> So in our previous strategy, three times thirty is one of our key measures, and so was one times thirty, and it was felt that moving somebody from inactivity into three times thirty would be a really big ask for these people, bearing in mind we didn't even know if we could technically [achieve it], from an evidence-based practice [perspective].

In a further illustration of how SE policy and practice was to a large extent being shared by broader health policy priorities and targets, Kathleen explained how the DoH and PHE definitions of inactivity informed the *GHGA* strategy and SE's wider work. She said:

> It always was the definition of inactivity. Inactive people were people that were not getting at least thirty minutes of moderate intensity physical activity once a week. So that's what we did, with the Department of Health and Public Health England, we chose to focus on the inactive, and the agreed definition of inactivity…Also we didn't actually know how much activity could be created from somebody that was previously inactive by an intervention. So that's where the one times thirty came from.

For all *GHGA* programmes key quantitative outcome targets were set and achieving them was a condition of projects being awarded funding and receiving continued funding over three years. This was largely a result of the government's concern with demonstrating the benefits of investing scarce public money in sport for wider social benefit, rather than funding sport as an end in itself. SE were particularly constrained by government – via the DCMS – to demonstrate the return on investment in sport by evidencing the progress made by its funded programmes in relation to the five outcomes of *SF*. Commenting on how SE sought to respond to government's changing priorities and concern with value for money, Sarah said:

> As we moved out of the Olympic cycle and further away from London 2012, the government certainly started to look at why should public money be invested in sport. So not that sport isn't good, but actually why would we invest public money when public money's hard to come by, why would we do this? Those are the five outcomes with the strongest evidence base that are now in the government strategy and then play through into ours. So it's quite a different landscape, but I guess if you look locally at kind of what's happening within local authorities and [with] their partners, [there's a] real focus on sport as a vehicle for good in the community, rather than sport being good in its own right.

A *GHGA* programme's agreed outcomes (as in *AB*), which were initially intended to determine their effectiveness in engaging inactive populations, were thus used by SE to determine its performance and, if necessary, to improve its effectiveness through supported monitoring and review. As Sarah remarked:

> That's quite standard practice for Sport England. That's to enable us to do the internal mechanisms around progress [towards] the outcomes that have been agreed. So obviously for a project who's not delivering against those outcomes, then it provides us with an opportunity to go in and put in support, review, look at what's not working the way it needs to, and also to recognise those that are really flying, and to understand why and how that happens, and make sure that we're sharing that more broadly with all the projects to help all of them become as successful as they would want to be.

How the outcome targets were determined by SE presented its own particular difficulties during the Round One programmes, mainly due to the lack of previous research available to identify the effectiveness of previous community sport programmes targeting inactive populations. This was further compounded by the lack of expertise, insight, evidence and experience of programme teams – as SE saw it – in setting realistic targets, outputs and outcomes. Instead, Round One project teams were said to rely upon 'guesswork' when determining their respective targets. As Kathleen recalled:

> I'd say it's probably guesswork by the projects. So I think in our criteria we looked across other Sport England physical activity programmes to see what kind of numbers [came] through programmes of a certain size or [with] a certain [population] to have a better guide about what we were expecting we would [base the] assess[ment] of the proposals [on in terms of meeting the expected number of participants] and what was just not going to be possible versus what seemed to be the right thing. But bear in mind, we didn't know, because we didn't have the information and it hadn't been done before…In the first year, a lot of the projects we adjusted their figures.

In addition to using the five key outcomes of *SF* to demonstrate the impact of sport and the insight developed from the Round One *GHGA* projects, SE began placing greater emphasis upon developing tools which would enhance their ability to determine the return on investment for their funded sport programmes. Specifically, SE started to invest in the MOVEs tool which aims to 'assign an economic value to the resulting health improvements created by the physical activity' (SE, 2017: 1) through participating in community sport programmes designed for the health sector, and could be used by Round Two projects to inform programme planning. The development of the MOVEs tool was clear evidence of the broader government policy concern to demonstrate return on investment, efficiency savings and cost

effectiveness, as articulated in *SF* and other areas of health policy. Indeed, Sarah recalled a concern with:

> Improving the evidence base for sport's role in tackling inactivity and improving health, and that included areas of work around return on investment, [underpinned] the MOVEs tool … MOVEs is a return on investment tool we've developed, which will remain available, and I think we will continue to want to understand more about cost-effectiveness and return of investment as an organisation, so we'd encourage people to use it where they've got the data and the know-how to use it, because whilst we've tried to make it as user-friendly as possible, it's not always easy to have the data to input. The new version is probably harder to use than the old version, because of the improvement in the assumptions and the data modelling, and that makes it more rigorous and stronger, but at the same time it means as a user, you have to do a bit more work and a bit more thinking before you just apply it in that way. For [the] active ageing [fund] we've said we want to understand return on investment, but obviously before you can do that, you have to understand effectiveness. If it's not effective, then return on investment kind of goes out the window.

It became apparent over the course of the semi-structured interviews that there was a distinct difference between Round One and Round Two *GHGA* funded programmes, mainly due to the resources SE were able to provide during the delivery of Round Two programmes. It was claimed that policy and practice learning from Round One programmes was one resource SE used to support those funded in Round Two, while an expanded health-focused workforce enabled SE to devote greater attention to working with programme teams that were required to target inactive populations only. Indeed, the notable shift towards target-driven health outcomes among the inactive reflected just how government health priorities had become a central part of the sport policy agenda by the time Round Two projects had begun. Among other things, this meant that SE's priorities had shifted away from generic, open programmes for active and inactive populations towards specific targeted programmes on inactive populations with particular health needs. Reflecting upon this approach to funding and programmes, which is common in the public health sector, Sarah said:

> I think by the time we got to Round Two we were like, 'we don't want one of those universal programmes, because what we know is that it's the inactive people that we want to recruit, not the others?' So, I think that was probably a change, but it was mainly around probably our processes and our understanding of what we were looking for, you know, we're going to see some proposals a lot better because we knew what worked and what didn't as well. Well, we had a better idea.

SE appeared to be constrained by government to further enforce a 'target-hitting' culture which reflected broader government health policy priorities and a concern with ensuring community-based sport programmes demonstrated their outcome and cost effectiveness to support investment. Indeed, SE appeared to be constrained by government to use these outcome targets as an indication of a programme's performance and failure to make satisfactory progress would lead to the withdrawal of funding. Those who deliver sport – often perceived as a cheap, malleable policy tool (Coalter, 2007; Houlihan and Green, 2006; Smith *et al*., 2019) – were thus being further constrained to demonstrate the economic value and cost effectiveness of increasingly health-focused programmes, a process which was interwoven with how the government health priorities were increasingly coming to influence SE's decisions and actions (Batlle *et al*., 2018; Milton *et al*., 2018; Smith *et al*., 2019; Smith *et al*., 2016).

Developing health-related collaborations and partnerships

While there were several changes to the approach and focus of the *GHGA* programmes funded in Round Two (including *AB*), the overall aims and objectives of the fund remained unchanged. However, the political and policy landscape continued to develop, with a growing emphasis upon collaboration and partnerships with health organisations. This approach became an expectation for projects to pool, maximize and make more efficient use of resources across sectors, as Sarah explained:

> The aims and objectives held true, from the point of view of, well, we're still tackling inactivity, still improving the evidence base. In Round Two there was a push for collaborative approaches, that were aligned to health and wellbeing strategies and had the support and sign-off of public health commissioners. So it was very much about it needing to meet local commissioners' wants as well as kind of what we were looking for, and also it was more tailored to inactive people.

The collaborative approach with health partners was further explored to understand SE's rationale for encouraging programmes to link with health and wellbeing strategies and to receive support from local public health commissioners. Part of the explanation relates to the need to enhance the sustainability of the funded sport programmes by making better and more effective use of the scarce resources in light of austerity measures. It was also thought aligning community sports programmes to local health and wellbeing strategy priorities would embed them into the existing health policy system and justify their contribution to public health outcomes, where the majority of funding was said to be located:

> A large part of that was due to the sustainability of projects...Most projects need some kind of investment in the longer term, if they're effective, to keep them running. Not all, but the majority would. It's quite rare that it's completely community-based sustainability, or it's so embedded in system change that once a system change happens you don't need to invest further, and the funding around health predominantly sits with the public health teams, and more so now [with] the clinical commissioning groups, so ensuring that the projects met local health and wellbeing strategy priorities and were very clearly driven by local priorities was one way to do that. (Sarah, SE senior representative)

In the prevailing policy and financial climate SE viewed the health sector budget as something that was difficult for the sport sector to access, but one which provided an opportunity to access important resources to enable them to continue their work, including in relation to *GHGA*. However, SE learned that they could play a role in enabling and constraining sport organisations to access this funding by making

partnership, or in-kind, funding a requirement of bids to the *GHGA* fund. As Kathleen noted, SE believed this approach would help organisations develop a stronger business case when seeking to sustain their programmes in the future, as well as resourcing them in the immediate term. She said:

> I think with the pressures on the health service, we know that prevention's being pushed up the agenda, but the budget for it is incredibly hard to access in the majority of cases. And so what we have found is by using some of our funding, we've helped to unlock some of that. So we've had, I think for every pound we've invested in the programme, there's been 82 pence in partnership and in-kind funding returned, and some of that is from clinical commissioning groups. So we have been able to use that funding to help unlock things locally, which is great for building future business cases on.

In the case of AB, this approach favoured by SE constrained EitC to develop local partnerships to help support their funding bid, an issue which was explored further with Mark (EitC senior representative). Two key issues emerged in relation to why EitC chose to adopt a partnership approach to the delivery of AB: the first was the contribution AB would make to the city's PA aims and objectives; and the second related to partnership funding. The requirement, stipulated by SE, for *GHGA* programmes to obtain one-third of all funding from partnership funding appeared to prompt EitC to develop a consortium of organisations (including Liverpool City Council [LCC], BNENC, and Liverpool Football Club's official charity, The Liverpool Foundation) to deliver *AB*. This included a protracted process of negotiation with LCC which involved, among other things, EitC seeking to persuade LCC of the potential economic benefit the proposed programme (*AB*) would have for the city. As Mark (EitC senior representative) explained:

> It was myself pushing it, because we needed partnership funding to get the actual funding off Sport England, so a third had to be partnership funding, with

> 50% of that being cash. So my kind of pitch to the council was, if you can provide us with funding, we can bring in three times that amount into the city to meet your aims and objectives. At the time, and it still is the case, Liverpool have got a massive push around physical activity, so this is kind of meeting their target perfectly, so [we] secured 50k from the council to put towards a partnership, and that was the only involvement from the council.

When asked about how the outcomes and other targets were decided in line with SE policy, Mark explained that the outcome figures initially submitted at the point of application had to be changed at SE's request. He recalled SE required the original figures to be increased by two-thirds, and while the inflated targets were thought to be unrealistic and perhaps unachievable, Mark was nevertheless constrained to agree to ensure funding was granted, which he explained as follows:

> We did submit the bid and we [had] to increase the figures, but in terms of moving people from being inactive to active we're quite a good distance away from meeting that target. I think that the figures we submitted initially were about two thirds of what the final figures were, so obviously [while we would have been] a lot closer to them in terms of meeting them over the three years, it still would have been very challenging, but I feel we had a good chance of securing that.

The desire to demonstrate the ability of community-based sports programmes to achieve non-sporting objectives and portray sports development activities as cost effective to seemingly more powerful groups, particularly those in the health sector, contributed to the increase in outcome targets stipulated by SE (Bloyce *et al*., 2008; Coalter, 2007a, 2013; Milton *et al*., 2018; Smith *et al*., 2016, 2019). In this regard, EitC were constrained to adhere to the reworked targets which appeared to be wholly unrealistic; indeed, in the third and final year of delivering *AB*, Mark explained that the AB programme was 'a good distance away from meeting the target' set by SE. The collaborative approach endorsed by the Coalition government also constrained

EitC to establish new partnerships with external organisations with whom they had not previously worked. In doing so, it was SE's view that EitC would be more likely to sustain their funding for *AB* through accessing investment from the health sector, but only if they were able to demonstrate cost effectiveness and ensured the programme's objectives were aligned with local health commissioner priorities.

Summary

This chapter presented new data on the experiences and actions of senior decisions makers in sport and health policy by drawing upon interviews held with the only SE staff who, at the time, were responsible for its health promotion work. In doing so, the chapter demonstrated how, if we are to adequately explain the formulation of the (sport) policy process, it is critical we recognise how SE were being increasingly constrained by government to address health goals as part of the growing marginalization of sport policy and development activity. This simultaneously enabled SE to remain politically attractive to government by demonstrating its conern with generating persuasive evidence of sport's contribution to important public health outcomes. The decisions taken in this policy context and during the policy formulation phase significantly affected how *GHGA* was enacted at a local level, as we shall see in the next chapter.

Chapter Five

Enacting and Delivering Government's Community Sport Policy for Health

Introduction

The objective of this chapter is to analyse how government policy priorities were enacted by SE through *GHGA* by focusing on EitC's *AB* programme. Firstly, semi-structured and group interview data are used to explore the extent to which the brand of a professional football club was able to effectively engage and recruit men onto *AB*. The chapter considers the views and experiences of *AB* participants to better understand the degree to which increased sport participation among inactive men in North Liverpool as an intended policy goal of *AB* and, by extension, *GHGA*, was achieved. Conversely, the thoughts of LNI attendees are also discussed to identify the limitations of sport policy and reveal why some men do not engage in funded community-based sport development programmes. Finally, the chapter will discuss the role EitC staff played in the enactment of the Government's community sport policy, how they came to influence the experiences of those who attended *AB*, and how they simultaneously constrained the Government's ability to achieve their intended policy goals.

The brand of English Premier League football clubs

As discussed in Chapter Three, there were various ways in which the brand of EFC was incorporated into various promotional and recruitment material intended to engage men in *AB*. The effectiveness of these varied, however, and the promotion of

AB via leaflets, posters and match day programmes which were distributed to, and potentially viewed by 32,000 people (but only by two *AB* participants) were deemed inefficient and ineffective forms of recruitment. The potential attraction and power of the brand of a professional football club was of interest to the current study, particularly since many people at EitC and the club routinely emphasized (as others do at different clubs and in other sports) how important this was in maximizing participant recruitment and engagement, and programme effectiveness. This was perhaps unsurprising and is a view which is shared – sometimes uncritically – by academic researchers (e.g. Curran *et al.*, 2016; Parnell *et al.*, 2013; Pringle *et al.*, 2013, 2014, 2016, 2018; Zwolinsky *et al.*, 2013). This was evident from the following comment from Mark (EitC senior representative) who said:

> In terms of just having that appeal factor. As I mentioned, if you compared Everton with a small organisation, I'd say Everton had a lot more appeal, certainly amongst Evertonians. Evertonians, some of them would be wanting to have any involvement with the club. For other football fans, it just gives them the opportunity to be involved with the whole environment at our football club, have the opportunity to potentially rub shoulders with a player or see the stadium, to see the pitch. It also [represents] quality as well. You think if it's a football club, the staff'll be well trained, well qualified. It just raises the quality of the sessions. It's a professional club, a massive organisation, so people would aspire to have that kind of involvement compared to a smaller organisation. From previous work that we've done as well, it does show that people have said that the reason they engaged in the first place was down to being involved with the Football Club.

In contrast to printed forms of *AB* promotion, one promotional method which engaged significant numbers of men using the EFC brand was LNI. When the men were asked to reflect upon and discuss their feelings about the evening and why they attended, many of them highlighted the relaxed setting as being significant partly because they were not required to wear formal suits. Commenting upon how this created a more

culturally appropriate environment in which to listen to former players, one attendee described LNI in the following way:

> Just it was relaxed, you know. It was casual dress, it was comfy and all of that. It was no formal suits. But just having a chance to listen to some of the former players, and their views on things in the past, and obviously in the present. And obviously we sat there in the terraces every week, and we've got our views on what's going on, who's playing and who shouldn't be playing and stuff. So just to hear them, and obviously to share some of our thoughts as well, so it was interesting, really. (Jack, LNI)

The relatively relaxed and informal setting closely aligned with participants' preferred leisure contexts since it was like a pub-like environment where dominant working-class masculinities could be enacted (Bunn *et al*., 2016; Jones, 1974; Robson, 2000; Smith, 1983). Reflecting upon the sociability which many of the men favoured in their leisure time and which the LNI evidently provided them, Arthur (LNI) said:

> Graham Stuart. So the '85 era. I mean, I remember a lot from the Seventies and the wonderful team we had then, and then when it [the guest former player speaker] got changed to Graham Sharp I was made up. I thought, "Fantastic". So we enjoyed it, we had a good laugh, and it's a good opportunity for me and my son to come along, because we love this place. We've got season tickets, we come along, and to come out with my brother and his son-in-law, and it's just a nice little get together, and it's comfortable. There's no tension or, you know, it felt like you were in a pub and you're having a pint, and it's nice to hear stories and have a laugh.

The importance of former players, like Graeme Sharp and Graham Stuart, and the attachment to them and the club was particularly evident in the participants' comments. For example, Daniel (LNI) discussed how the former players and the stories they told influenced him to attend LNI and meant he, like all of the men, had a positive experience of the event: 'Listening to the players, the ex-players talking about their experiences. I love listening to all that'. Indeed, when asked about whether they

would consider attending the *AB* programme, the LNI interviewees overwhelmingly reported that as long as the EFC brand was attached to the programme then they would be interested. For example, when whether it mattered to him that the event was delivered by EitC, Arthur (LNI) said: 'I prefer it to be run by Everton in the Community, but I think that's what it's all about'. When Arthur, like all men, was asked what he would do if it was delivered by a different organsisation he doubted whether he would attend and discussed the persuasive effect of *AB*'s association with EFC: 'I probably wouldn't go. If it's held by Everton, then I'd be more persuaded to go'.

Some men, including Alan (LNI), also explained that if *AB* had been delivered by a health-related organisation such as the NHS, he would have been less inclined to attend than if it was delivered by EitC. In part, Alan attributed this to the pride in attending something delivered by EitC, particularly when discussing this with friends or work colleagues:

> I'm more focused on the fact it's Everton in the Community, because that's what it's about … Let's say it was for the NHS, and I decided to go along, probably my commitment wouldn't be there as high as it should be, but I wouldn't be as inclined to talk about it as much as I would, in a work scenario, just saying, "Oh, I'm going to the academy tonight, walking football with Everton" … You know, and that, to me, is more, there's a sense of pride in that.

In a not dissimilar way, Jack (LNI) suggested that if a programme was not delivered by EitC then it would be less interesting to him. Like other participants, this appeared to be because of the value and meaning attached to the club:

> Well, that makes it more of interest, because if it was something that I'd just seen on a flyer or something I read in the paper, I'd take a second look, but it's not something I'd pursue, but because it is like linked to Everton in the

> Community or it's got Everton in the title, it carries a little bit of weight, I'd say, yes.

Despite the Everton brand successfully promoting *AB* via the LNI events, it was more limited in recruiting them onto the *AB* programme due to the various constraints and competing priorities in their lives which are discussed later in this chapter. Indeed, while all men who attended LNI were potentially interested in attending *AB* given its association with EitC, this was a necessary but insufficient condition for recruitment to the *AB* programme.

Recruitment to *AB*

While LNI and other methods (e.g. health events, promotions with key stakeholders, local distribution of promotional leaflets) proved largely unsuccessful in recruiting large numbers of men to *AB*, the most successful recruitment method was to transfer participants onto *AB* once they had completed EuroFIT, a 12-week intervention delivered by EitC in association with Healthy Stadia. EuroFIT targeted inactive male football fans through professional football clubs and encouraged 'sustainable changes in diet, physical activity and physical fitness' (EuroFIT, 2017), suggesting that these men were open to, and seeking, lifestyle changes. While EuroFit was advertised with similar branding to *AB* and was also delivered by EitC, greater emphasis was placed upon health improvement and weight management compared to increased physical activity levels, which was the focus of *AB*, and was open to men up to the age of 65. Indeed, it appeared that many of the men viewed *AB* as a 'step-on' from EuroFIT and something that allowed them to continue being active:

> It was a step-on from the EuroFIT. So it was a natural progression from the EuroFIT. So we'd started as a group, you made your mates, and the lads

> become mates, and then we started the walking footie, so it was just a continuation of the same. (David, *AB*).

This transition between EuroFIT and *AB* – which was likened to an exit route rather than a programme to transfer men from being physically inactive to active - was also experienced by Alistair (*AB*), who described his journey in the following way: 'I was first involved in the EuroFIT, which has led into the walking football, which has led into the Active Blues. I think it's a super idea'.

Over half of the *AB* interviewees were recruited to *AB* through EuroFIT, suggesting that EitC commonly used a recruitment method where they contacted people already known to them, rather than focusing solely on recruiting new participants to meet the programme targets set by SE. All interviewees who also engaged in EuroFIT reported discovering the programme by an EitC email to which they had subscribed, as Phillip (*AB*) explained: 'I was on the EuroFIT programme. That was on an email, and then obviously when I was on that I got to know about the Active Blues. It stemmed from an email, but that was for the EuroFIT'. James (*AB*) also recalled an email sent by EFC: 'the programme came up via an email from Everton, saying that they were involved in this research with EuroFIT, and I replied to that to get onto the course', further demonstrating how EitC were constrained to use AB as an exit strategy for EuorFIT rather than solely relying on recruitment.

The majority of men who attended *AB* reported that the brand of EFC played a significant role in initially attracting them, whether that was to EuroFIT or directly onto *AB*. While it appears that EitC try to exploit this as a branding exercise, the men in the current study do not think of it in this way. Rather, it is the value and emotional

attachment men had for EFC that was important to them. This was conveyed by David (*AB*), who said:

> It's Everton in general, because Everton in the Community's part of Everton Football Club anyway. It's the same brand. That's a big part, because in the office I'll brag about playing on the pitch, doing the footie, the lads. When you've been a season ticket since you were like ten, Everton's a big, big part of my life … Most of the guys' lives.

Some participants referred to the brand of EFC as being a 'pull' for them and something which was different to traditional health improvement or weight management services, including Slimming World, which men like David (*AB*) felt mainly targeted and attracted females (Curran *et al.*, 2016; Parnell *et al.*, 2013; Pringle *et al.*, 2013, 2014, 2016, 2018; Zwolinsky *et al.*, 2013):

> The weekends were just the match, drink. I never tried. My missus, her sister runs Slimming World, so they did that, but I never, ever took part in it. Not for me, you know, I'm a like narrowish, but it was only the pull of Everton [that] made me stop [and take notice].

James (*AB*) felt EFC formed a large part of the motivation he needed to avoid a sedentary lifestyle, expressing that it was a key factor in his attendance:

> Being involved with Everton, because that does make a difference, and I think we've talked about that. But getting involved with Everton, because that drags you there. That's the thing that gets you out of the seat, in effect, isn't it?

Although programmes associated with, and delivered by, EFC (e.g. EuroFit and *AB*) proved initially attractive to men, it became progressively less important. Indeed, there appeared to be other, more important, conditions needed to sustain participants' involvement in *AB*, some of which were not present at the launch of the programme.

This may explain, in part, the diminishing power of the brand as new motivations and conditions for sustained participation emerged. Phillip (AB) discussed his current enjoyment of various aspects of the programme and, as long as they remained in place, he would continue attending if EitC's involvement ended. In particular, he explained that:

> Once you're into it, now you're enjoying it, you're into it, aren't you? So if it moved to another [location or club] ... As long as it was run like the facilities were there and everything, because obviously, with the free school, the gym there is good.

Jonathon (*AB*) also expressed the view that as long as the schedule of the sessions did not alter and the people who attended remained the same, then he would continue to attend, regardless of the any association with EitC: 'I suppose if it was still on a Monday night here I wouldn't stop attending, no, because everybody else'd probably be here as well'.

These findings suggest that government cannot rely solely on community sport programmes to achieve its sport and health policy goals, regardless of the apparent power of the brand (Curran *et al.*, 2016; Parnell *et al.*, 2013; Pringle *et al.*, 2013, 2014, 2016, 2018; Zwolinsky *et al.*, 2013), given other factors which are outside the direct control of policy-makers and programme providers (Coalter, 2007; Smith *et al.*, 2019). Indeed, the recruitment of previously unknown men from the target population proved particularly difficult for EitC who were constrained to recruit participants from their other programmes, mainly EuroFIT, due to the pressure of achieving outcomes targets set by SE. While the brand appeared to be a necessary condition for many men, this was not sufficient in isolation and its effect deteriorated over time as other, more

important, conditions came to influence men's decisions to participate in *AB*, which is discussed in more detail next.

Sustained participation in *AB*

This section considers the views and experiences of *AB* participants who had been attending the programme (for a minimum of three months and up to two years) to help understand the extent to which the Government was able to achieve its intended policy goals through community-based sport programmes like *AB*. In doing so, it reveals the participants' experiences of age and ageing, their socialization and preference for traditionally masculine values in football-oriented environments, thoughts about health and fitness and their relationships with *AB* coaches.

Participants' classed experiences of age and ageing

Many of the men discussed how their past experiences of sport when younger evoked positive thoughts and memories of playing sport, while in some cases their current experience of age played an important role in casting doubts about whether it was feasible for them to play sport again. The initial desire to return to sport, specifically football, was conveyed by most men, including Thomas (*AB*) who explained how watching a Barclays Walking Football TV advert rekindled this desire and motivated him to explore how he could become active again. Despite having doubts about age, his desire to play football meant he attended *AB* and sustained his attendance:

> So I'm 54 now. I wanted to get back into doing something, and I saw the Barclays advert, and I thought, "Am I not a bit too old?" But I then thought, "All right, then". I think I said, my younger lad's playing and Everton seem to tick all the boxes. Once I'd had a little reccy mission, and Shaun was doing [it] … I started playing sort of thereafter.

Alfred (*AB*) had similar aspirations of playing football again, though like many other *AB* participants, he had reservations given his age before regularly attending walking football sessions which, for him, restored some of his youth and made him feel like a 'bit of a kid': 'Just to have a game of football again. You know, at 64 I thought that it was out of my reach, and now I feel like a bit of a kid in a way'. The men described *AB* as an environment that was similar to that they experienced during childhood, where they felt young again and where they were able to plan and bond as they did when they were younger. Ben (*AB*), for example, explained that:

> The sports sessions and the facilities are good, yes. Everything seems ok. It seems well organised as well, which is a good thing, you know what I mean. Obviously older fellas, they're like kids. They like saying, "Go away, I know it all better", but they do listen, and it's funny. It's like going back to a childhood and standing there like a ten-year-old. The PE teacher's saying, "Do this", and you do it, and it's funny. And watching these fellas do it.

The link between returning to sport and age was identifiable in all *AB* interviewees' comments which also focused upon other aspects of their experiences of the ageing process, including a growing awareness and concern with health (Blaikie, 1999; Gard *et al*., 2018; Pike, 2011a). Indeed, an increased awareness of their health issues and a need to address health problems such as obesity, diabetes and cardiovascular disease through sport participation as part of the ageing process appeared central to many participants' experiences (Gard *et al*., 2018; Hooker *et al*., 2012). The link between ageing and a desire to experience a healthy old age was cited by the majority of interviewees, particularly when explaining why they engaged in *AB*. As Phillip (*AB*) said:

> Well, it gets people exercising and playing sport. Just the main reason I'm involved is because obviously as you get older you slow down, you can't do

> the things that you used to be able to do, so it just gives you an opportunity to get active again, and health wise, I've lost just over a stone.

In relation to health, there was a general fear among men that the ageing process would increase the risk of ill-health, a view which has been commonly articulated in policy and other aspects of public life (Blaikie, 1999; Gard *et al*., 2018; Pike, 2011b). This narrative created a perception amongst men that poor health could be managed by them accepting responsibility and making positive healthy lifestyle choices, regardless of whether there is any definitive evidence that these lifestyle choices make a significant impact on healthy ageing (Cavanagh, 2007; Lupton, 1999; Pike, 2011b). There was clearly a belief among the *AB* men that returning to sport would likely aid them in maintaining their youthfulness and subsequently reduce the burden on social and health care services (Bytheway, 1995; Gard *et al*., 2018; Vincent, 2003), as James (*AB*) explained when comparing himself to patients he treated when working in health care:

> I think I'm fifty this year, and I'm starting to think, and I'm looking round at the patients in our waiting room, seeing them come in as newly diagnosed diabetics, and it makes you start to think about yourself a bit more is the honest answer. And I think I must have been looking for something [like *AB*] to start, to go out and buy a bike and start cycling, and wear lycra, which I swore I was never going to do.

Although age was discussed by *AB* participants as a facilitator of their return to sport participation, significant life transitions negatively affected their ability to be physically active. It has been well-documented that life transitions can impact sports participation negatively with a general trend towards an age related decline (Allender, Hutchinson, and Foster, 2008; Brown and Trost, 2003; Mooy *et al*., 2000; Scheerder,

Vandermeerschen, and Breedveld, 2018), though some men – like Alistair (*AB*) – managed to overcome this due to a desire to manage his weight during retirement:

> The idea behind it [*AB*], the principle behind it is superb, to get people of a certain age off their backsides and become active. Because I retired four years ago, I think it was, just over four years ago, and I was conscious of putting weight on, conscious of being in the house a lot, conscious of getting nagged by the wife in the ear hole about sitting round, and I didn't want to do that. I got a part-time job, which helped a little bit, but I still felt heavy round the waist and lethargic.

AB men also felt that walking football provided a form of sport for those who experienced self-doubt about their age, and fear of being 'too old', to overcome perceived limitations. This slower version of football, where participants are only allowed to walk, was continuously recognized as something that catered – somewhat stereotypically (Grant, 2001; Pike, 2011a) – for older men, as Alistair (*AB*) recalled:

> The reason I go to walking football is what it says on the tin. It's for the older people that think they're too old for football, but you're not really playing ... You know, if you read anything about walking football, that's what it says. You look at the things on TV, and that's who it's aimed at, the people who think they're a bit too old for it, but they're not really.

Other men, like Alfred (*AB*), also expressed the joy walking football brought to their life given it allowed them to experience competitive football again 'despite his age', which he referred as a limiting factor: 'It's good for me. I'm going on 64, and for me to be able to play really competitive football is just outstanding, great'.

In this regard, age appeared to be one of the most significant concerns for the *AB* men and one which played a key role in the extent to which government sport and health policy goals could be achieved. Men who attended *AB* were more likely to be those

who listened to government messages which encouraged individuals to take responsibility for their health and reduce the burden on other public services (Bytheway, 1995; Gard *et al*., 2018; Vincent, 2003). Despite the feeling of being 'too old', for some men the need to adopt a healthy lifestyle to aid healthy ageing was more important (Cavanagh, 2007; Lupton, 1999; Pike, 2011b), though those from LNI – to be discussed in more detail later – did not always feel this way. The extent to which government sport and health policy goals could be achieved through community-based sports programmes was thus constrained by the target populations' perception of age and how it related to their views of their lifestyle and habits.

Masculine socialization and social capital

Another key motivational factor, mentioned by all participants, which encouraged men's sustained involvement in *AB*, was the socialization opportunities it provided them. The men referred frequently to 'banter' and 'camaraderie' being present among those who attended the sessions and described their experiences relating to the role this played in supporting their continued involvement in *AB*. It did not appear that the men anticipated this having such a profound effect on their engagement at the outset of the programme. David (*AB*) explained why he continued to attend *AB* thus: 'Initially it [involvement in the programme] was for fitness. Maintaining it [involvement in the programme], it's because of the lads'. Thomas (*AB*) also made reference to the 'banter' among the other men who attended the sessions and described how this created an enjoyable environment for those who attended: 'Really just the banter and that with all the blokes and that, and we've all got to know each other, and we have a really good laugh and that'.

The appeal of the socialising and bonding opportunities provided by *AB* was articulated by other men, including Thomas (*AB*) who discussed the importance of meeting new people and how he has enjoyed the company of others who attend weekly walking football sessions:

> The company's good, you know what I mean? The company is excellent. That's a big, big part of why I keep coming, you know, because I'm meeting people and they're meeting me, and we're enjoying something we all enjoy, and it's going really, really well. I'm delighted with it, I'm made up.

The particular value placed upon meeting friends was also described by Sam (*AB*) as a vital component to his continued involvement. He described how football was something that he has always enjoyed, but that socializing with his 'decent, good friends' at *AB* was important to him:

> I go for a walk now and again to get out of my daughter's way. I'm a fella, you know, but this is like a bonus, because I'm coming here doing something I've always enjoyed, and it's getting me out of the house, and it's also I've met a lot of decent, good friends, in here as well.

Football was often cited as the context in which 'banter' could be created and, as Ben (*AB*) noted, was something that was present in football dressing rooms when he last played competitively for a team. Football appeared to be a symbol of a particular working-class masculinity for men and was something engrained from their previous experiences of the sport as a largely male preserve (Cleland, 2016; Dunning, 1986, 1999; Dunning and Sheard, 1973). In particular, playing football (and the associated dressing room environment) was regarded as providing a male-exclusive escape from

work environments where females were often present (Dunning, 1986, 1999; Dunning and Sheard, 1973):

> It's keeping me active, and I enjoy it. I enjoy football. As I say, I enjoy the banter with the lads. You miss the dressing room. When you've played in a team, you miss the dressing-room. Old footballers'll tell you that, professionals. They miss that, and comradeship. I work with a lot of women, which is great. Don't get me wrong, that's lovely, but I don't get much male company, and male company, the banter, is funny.

Many of the men engaged in *AB* were supporters of football teams, but regardless of their chosen allegiance, they were welcomed into the established networks the men had developed. Indeed, although the majority of men supported EFC, those who supported rival teams such as Liverpool Football Club also contributed to the enjoyable 'banter', and the fact that it was an exclusive male preserve (Dunning, 1986, 1999; Dunning and Sheard, 1973), as James (*AB*) explained: 'I enjoy a bit of banter with the lads. Most of them are Evertonians, and if not, they're Liverpudlians. They're a nice minority, like'. Chris (*AB*) also described how he valued playing the working-class sport of football and the obstacles he had to overcome to begin participating again:

> I do really enjoy it and that. You know, I hate missing it, even through work [for] one week, I have to miss it through shift work. If I'm off for any reason I'm made up, because I can come to it, you know ... I've always been football mad and I didn't play for fifteen years. I had a bad injury when I was younger, and I never really kicked a ball again. I went in goal maybe, but once I started kicking a ball again, [it's] just that enjoyment.

The *AB* participants also regularly socialized with each other outside the programme, which has been reported in other studies (e.g. Bunn *et al.*, 2016; Parnell *et al.*, 2013;

Pringle *et al.*, 2013, 2014; Wyke *et al.*, 2019; Zwolinsky *et al.*, 2013). Phillip (*AB*), for example, recalled going out at Christmas with other *AB* participants to drink socially in addition to attending a LNI event. The enhanced bonding social capital achieved by forming new relationships with similar men was described by Steven (*AB*) as follows:

> Well, meeting new friends as well. Obviously, it's a social thing as well. Most of the lads there, we go for a night out at Christmas, couple of drinks. Only a couple of drinks. Yes, and we've been on a, they had one night here, the Lads Night In. We all went to that as well, so the social side of it, and as I say, the sport side of it, and the health aspect as well.

Some of the men had also relocated their Everton season ticket seats so that they were able to sit with other *AB* attendees with whom they socialized outside the weekly *AB* sessions. As David (*AB*) explained:

> I think it must be the over forty room, because there's about four of us that sit in the closed section together. I've moved from, like when you're a young lad, you're downstairs and you don't have a seat, but when you get older, you want to see the whole pitch instead of shouting at the players so we're up at the same corner. So you talk to the guys there at the game as well.

An important social lubricant of the men's non-programme socialization – discussed by the majority of participants – was the WhatsApp group established by the EitC coaching staff which provided a wide variety of benefits for the *AB* participants. One of these was its use as a motivational tool to engage in *AB*. When discussing the WhatsApp group, Thomas (*AB*) described how Lewis (*AB* coach) continued to motivate people to attend by sending text messages, even when he was unwell, which meant the men felt they were 'cared for':

> He's [Lewis, *AB* coach] always on the WhatsApp group as well, to try and motivate people to come along and get the numbers up. Even though he is in a sick bed, he's texting about this to make sure that people were being cared for and could get along.

Echoing the comments of other men, James (*AB*) viewed the WhatsApp group as a useful tool for coaches to communicate with the group, but added that the men regularly used it as a forum for socializing outside the programme and often to discuss recent football results:

> Well, I know why you've said this. I don't do Facebook, and I don't do Twitter. I'm definitely old-fashioned, but they've got me doing WhatsApp in a WhatsApp group, so that I know if the football's on or the football's off depending on how many people are going. It's just the walking football group and it's really so that we know who's going tonight, how many people's [sic] turning up, is it still worth going, rather than turning up if everybody's ill or something. But it's sort of become on match day, especially lately, they're moaning about the score and how badly people have been playing.

Although the use of mobile phones for non-communicative purposes such as browsing the internet has, in some cases, been found to be negatively related to the development of social capital (Chan, 2015), it appeared to strengthen the bonding capital developed by men who described it as: 'Friendly, yes. They always keep you informed what's going on, and we're on a WhatsApp. Everyone gets a... There's all kinds of banter, and you get about twenty sometimes, and there's like two people in the conversation' (Phillip, *AB*).

As commonly found in studies of sports clubs (e.g. Collins, 2014; Walseth, 2008), the development of social capital was limited to bonding, rather than bridging, capital with the men being from similar backgrounds, of a similar age and having shared

interests in football (Collins, 2014; Bunn *et al*., 2016; Giulianotti, 2002; Robson, 2000). This questions whether sport programmes, like *AB*, are as beneficial for physically inactive men, as is commonly claimed, or whether it can further exclude them from others in the wider society (Coalter, 2007b; Forrest and Kearns, 1999; Walseth, 2008) instead of facilitating 'social and community development' (SE, 2016a: 6). The use of mobile technology by the coaches who delivered *AB* did nevertheless encourage participation amongst older populations and helped breakdown socially constructed perceptions of ageing and what is age-appropriate and, as the next section indicates, facilitated self-reported improvements in health and fitness.

Health and fitness

For some men, the WhatsApp group further encouraged them to obtain their preferred reason for engaging in the first place: making improvements in their health and fitness. David (*AB*), for example, stated: 'The getting fit was the first, and then the fun second', while Thomas (*AB*) cited fitness improvements as the most important reason for engaging in *AB* followed by the convenient time of the sessions: 'I just think the fitness aspect first of all, and just to keep doing something, and Monday's a good night for me, and they changed the time to six-thirty, which is even better, to accommodate people getting in from work'. The discussion of fitness and health improvements continued with Chris (*AB*) who described how he enjoyed everything on the programme but especially its impact on his fitness: 'It's all good, to be honest. It gets you a bit of fitness as well along the line'.

It was evident from the current study that men who valued their health and fitness appeared to be successful in changing their health behaviours (Bunn *et al*., 2016; Shi, Nakamura, and Takano, 2004). The improved health benefits reported by the *AB* participants appeared important for their increased participation and attendance at weekly sport sessions (Caperchione *et al*., 2012; Hooker *et al*., 2011; Kelly *et al*., 2016). In particular, disease prevention and weight management were frequently cited as key health improvements by men which motivated them to change their behaviours and increase their physical activity (Caperchione *et al.*, 2012; Kelly *et al.*, 2016; Sherwood and Jeffrey, 2000). This was discussed by Simon (*AB*) who explained how he enjoyed all aspects of the programme, but particularly those which led to his weight loss:

> So it's a whole thing with me. I feel better, and again, it's a smaller tee-shirt and that now, and I've still got quite a bit to lose, but I'm well on my way. I've lost a good bit of weight.

Weight loss was also important to Alistair (*AB*), who described how the programme had reduced the time he spent being sedentary and improved physiological measures of health and fitness. Having engaged in *AB*, he recognised:

> The benefits of getting off your backside and getting out of the seat, because I have lost ... I've put a bit back on, but I lost two stone, and I lost eleven centimetres on my waist … And the heart rate came down, and cholesterol. It all improved a lot.

Although mental health benefits were not commonly cited as facilitating men's engagement in *AB*, participants like James (*AB*) reported positively about 'feeling good' mentally (Joseph *et al*., 2014; Penedo and Dahn, 2005) which he had not anticipated prior to attending *AB*:

> I think the key thing and the first thing is getting fitter and getting out there and not just [being] sat in front of the tele all evening. I think that's the key thing, and just the feeling good about doing it as well, and that psychological side to it, which I never expected anything like that really, with exercise.

Relationships with coaches

Critical to the engagement of all *AB* participants were the relationships they formed with the EitC coaches who delivered the programme and whom they regarded as being empathetic, understanding and valuing of them as individuals. Sam (*AB*), for example, felt that the coaches were equally as motivated to be present at the *AB* sessions and believed they attached the same value to attending:

> As I say, I came, and seen him [EitC coach] there, and he just brought me in. He said, "Just jog in with the lads", you know, and I've been here ever since now. So I know them and they know me now, and you can talk to them, you know, communicate. You know they're as interested as you are in coming here.

The perception that coaches valued the programme as highly as the participants was attributed to the commitment they had to travelling to competitions at weekends and working more hours than the participants felt was required of them. One participant also described how coaches played football with them as part of the programme which was something almost all of the men recognized positively:

> I think it would have been so easy for them to say, "Oh, there's only one of you. Go away". It was the fact that they're so committed, and they go on a Saturday to Llandudno with us, and they play football with us as well, and I know they're working out of hours as well, and they're just very committed and always full of encouragement, even if you make a mess of something and you're not doing well. (James, *AB*)

Alfred (*AB*) also commented positively on the empathetic approach of the EitC coaches and their willingness to be present at the sessions regardless of poor weather

conditions. Like James (*AB*), he was fond of the coaches' willingness to participate in the football sessions:

> Well, you've got Pat (ex-player) and Lewis (*AB* coach). I couldn't praise them enough. I think they deserve a lot of credit, because they're there all the time, especially [at] the North Academy, the Wednesday session. I mean, they've been there when the weather's been atrocious. They've always turned up for the lads. I mean, football's not just played in the summer. You know, you've got to play in the rain and this, that and the other, but they've always been there, and they've got to get involved and played. They'll do that.

The coaches recognised that if few men attended their own involvement in the sessions would enrich the participants' experience so they would 'make the numbers up' by participating in the game. This was highlighted by Thomas (*AB*): 'Sometimes you only get eight [attend]. It's awkward to predict, and then Pat (ex-player) and Lewis'll (*AB* coach) join in to make the numbers up. So they're really good'.

The additional opportunities the *AB* coaches created for participants outside of the *AB* sessions were also especially valued by participants and further strengthened the relationships between them and the coaches. Jonathon (*AB*) recalled how Lewis (*AB* coach) had asked him if he would like to be involved with the pre-game activities on the pitch at Goodison Park which he enjoyed greatly:

> Meeting the likes of Lewis (*AB* coach), who's a lovely fella – everybody's really, really nice – I got to [stand on the pitch], for the first time in my life, because he said, "I need somebody to help me with the flag on Saturday. Can you send your lad, because we're going to the match". I said, "Yes. Him and his mates said yes, they'll do". And I said, "Do they need anybody else?" "You know, if you want to do it as well". So I'm standing on the Goodison pitch, on the run out as the team's coming out on the pitch, you know.

When speaking to Lewis (*AB* coach), he described how he saw his role as being responsible for supporting the men's sustained engagement with *AB*. He explained how he sought to do this by constantly trying to provide rewards and incentives to motivate the men:

> It's for the lads. I'm sort of like looking out for them really, and making sure that they keep coming back week after week after week after week. It's like sustaining it, and I think that was the big plus about Active Blues, getting involved with it, but also there's been a lot more rewards for them while they've been on it, obviously like the Lads' Night In, and like getting to play on the pitch and going to games and all that, things like that.

Lewis (*AB* coach) also expressed a preference for working with men from the local community, explaining that the camaraderie among those who attended walking football was not just valued by the participants, but that he, too, attached significant value to this. He explained how he experienced enjoyment through being involved in sport and being a coach in sport where he was surrounded by football supporters:

> I enjoy all my work. Obviously, I enjoy sport and all that, and I enjoy working with older fellas, obviously just camaraderie and all that. So being part of sport, when you're a coach in sport, it's good too, the camaraderie that you can have with the lads and all that.

It appeared that the coaches were regarded by *AB* participants as mentors especially because they were from the local area themselves and were in many respects similar to them. Lewis (*AB* coach) noted that because he originated from the local area where *AB* was delivered he enjoyed engaging men whom he recognised were in need of support:

> Engaging the local men in the community, because I grew up in the local area myself, so I can see a lot of the people are struggling and they need this type of programme. So it is nice to go out and speak to people, and you can say to them, "Oh, you can do this", and then you're like, "It's free, you haven't got to pay for it", and people are shocked when you're offering things like that to them for free.

Many of the *AB* participants also explained that the involvement of a former EFC player at *AB* sessions enhanced their enjoyment of playing with someone whom they admired and were able to identify with. One example of this was Thomas (*AB*), who said:

> He's [former player] such a good player. I'm in awe of Everton footballers. It's pathetic, really, but it's just, to see him sort of organising it, and then ... I've bought a few books for him to sign as well. But it's good having the players involved at that level, I think.

Like many of the *AB* participants, Alistair (*AB*) similarly noted that playing walking football with former EFC players provided participants with a 'bit of a boost' for some of the participants who attended *AB*:

> And he's got the respect of the fellas that turn up, in a strange way, but it does make a difference when an ex-pro walks into the room. It gives everybody a little bit of boost, and somebody did say about [former player] coming on Monday, and they said, "Well, it makes it worthwhile, doesn't it?"

He also felt that there was more value in having players with whom he and other *AB* participants could associate having played at a time when they were growing up, rather than current players:

> And [former player] and [former player], they were [playing] when I was much younger and I was sort of playing and watching football. You associate with them a bit more, and even if [current player] turned up now it wouldn't have the same effect, because they were my era. (Alistair, *AB*)

Having former players present at the sessions provided participants with the opportunity to play walking football with them but this appeared less significant than other mechanisms. Many of the men expressed how this was 'more of a bonus' and something which they appreciated, but it was not the main reason for their attendance. As David (*AB*) explained:

> I think Pat (ex-player) was a big draw for a lot of lads at the start, and obviously I've then gone on to read his book, but that's not the major pull now. The major pull is the lads, not the coaches. Although I enjoy playing footie with them and having a laugh, it's not them that makes me go.

This was a view which was also articulated by Thomas (*AB*) who explained how former EFC players facilitated his regular attendance at *AB* as follows:

> They keep me engaged. I can understand why they couldn't do it all the time and that. It's not the sole reason why I do it. I just like playing football, and I like playing with that group of lads, and I like playing at Spellow Lane, but it does help, I think.

Although the presence of former EFC players and EitC coaches were important to encouraging men to engage in *AB* and become more physically active, the extent to which the government could achieve its sport and health policy goals was significantly constrained by the decisions of those who did not attend *AB*, and who did not become physically active, but who did attend the LNI events.

Barriers to becoming more physically active: LNI attendees

As noted earlier, many of the *AB* attendees discussed how their experience of ageing

encouraged them to attend the programme. The LNI attendees, however, often cited their age as a barrier to sport participation generally, and engaging in AB in particular (Dionigi, 2006; O'Neill and Reid, 1991; Reichert *et al*., 2007; Scheerder *et al*., 2018). All LNI interviewees explained how they were feeling 'too old' to participate in sport which they regarded as being something they did when they were younger, whereas other non-sporting activities, including using an exercise bike, were seen as 'more appropriate' now. In these cases, it appeared the interviewees' comments conformed to dominant negative stereotypes (Grant, 2001; Pike, 2011a):

> If I was ten years younger or something maybe, but I'm not. I'm thinking, "I've done my time", but I don't want to, I'd rather do something else. I'm happy with doing my Wii, and we've got an exercise bike at home, so I pedal on that. (Arthur, LNI)

George (LNI) held a similar view, explaining he was concerned about over exerting himself and that there was a notable difference in the pain he experiences now compared to when he took part in sport when younger:

> And don't forget, I mean, when I do overdo it. Sometimes I've got to be a bit more achy, you know, like we all are though. That tells me I'm getting older, you know. It's time to start slowing down a bit.

Despite returning to regular PA, Peter (LNI) questioned whether he was 'too old' to be taking part due to the disparity between how difficult he thought it would be and how difficult it was in reality:

> I'm enjoying it. I have, I've started enjoying it again. Because I'm looking at myself, going, "Yes, I can see you've lost a stone there. That's tweaked a little bit". You know what I mean? I can physically feel myself affected, and when I weigh myself I go, "Yes, I've lost two pounds there, or three pounds there". I've done a twenty minute, was it twenty minute the other day? Twenty-minute

> run. I've actually done it. I go, "Right, I've done twenty minutes there". I've started getting back into it. I'm enjoying it, but it's harder than I thought it was. Maybe I'm too old, I don't know, but it's harder than I thought it would be.

Many of the LNI participants expressed an interest and desire to attend *AB*, particularly those who were becoming increasingly health conscious with age and who had already made attempts to become more physically active. For example, Peter (LNI) explained:

> I'd like to have a go at it. I know it sounds duh, but I'd like to...I started going the gym because I'm getting old, and I started feeling uncomfortable in myself, so I wanted to get more active, so I joined the gym. I've got to go and start booking in. I do genuinely want to get fitter. Personally, I do want to get fitter.

Similarly to *AB* participants, for many LNI attendees, positive previous experience of sport, particularly football, were important to the appeal of *AB*. One example of this is seen from Alan's (LNI) comments where he referred to past positive experiences which provided him with an incentive to return to sport even though this initial enthusiasm did not lead him to attend any *AB* sessions:

> Yes, definitely, yes, because I think, I used to be quite, well, I would say quite active. It's sort of dipped a bit, my activity at the moment like, so it would be good to give me the incentive to go back into it really, something like that would.

Beyond the LNI participants' concerns about age, when explored in more detail it appeared they had many other competing priorities for their time in their day-to-day lives which constrained their engagement in PA (including through the *AB* programme), with family commitments being the most frequently cited. As Peter (LNI) suggested, it is:

> Family first, isn't it? Family, I've got to look after my family, my house. I've got to keep everything close to me first before I start doing stuff like that, but then if I do get the chance, I would have a go.

Arthur (LNI) similarly expressed how his family-related commitments were ‘a given’ and inevitably limited his sport participation:

> My family will always be first. I'd always put them first. That's a given. But if it's something like it's once a week or once a fortnight, as I say, from a physical point, I couldn't do it three times a week, I simply couldn't, but if it was once a week or something, that to me would be...I mean, how long does a session last for?

At times family and work commitments were seen as limiting the time available for sport participation. For example, Jack (LNI) described his hectic life as something which felt like he was moving ‘a hundred miles an hour’ and his various attempts to return to sport or PA failed given the time-consuming nature of other things in his life:

> I'd like to think I can be [physically active]. It's just obviously at the minute. I mean, my life's at a hundred miles an hour. I'm a big boxing fan. I joined J's Granddad's darts team. He came with us last time. I've been twice. So I'm going on holiday with them next year, but it's just, I mean, it's time-consuming, because a lot of it tends to be based around the weekend, and it's difficult with having the little fella. I mean, I've got my own business, so work commitments, I can’t fit everything around it. I mean, weekends I have this little fella Friday till Monday, so as long as it didn't clash.

He went on to describe how he was interested in a variety of sports and activities which led to him joining a gym upon returning from holiday with his partner, but that he failed to keep attending the gym whilst retaining an engagement in pub-oriented sports:

> Darts, snooker, pool. A lot of it's to do with time, and twelve months ago I joined the gym, because we went on holiday, me and my girl, and when was it? April. And I think I went three times, and I'm still paying for it, so I just don't have the time, I really don't. (Jack, LNI)

In addition to family and other interests, caring responsibilities and health concerns limited some men's engagement in sport. George (LNI), for example, explained how:

> I've had a few health issues over the last two years, then losing my father, so I've had to come out of work and become my Mum's carer, so before I could actually sit down and ... I'd have to say, well, if it's on a Monday and a Wednesday and a Friday, I'd have to fit it round. There'd have to be somebody there for my Mum, you know what I mean? Even if it's only a couple of hours in the day, or...I'd have to see the plan itself before I could commit myself, but I am interested.

Arthur (LNI) similarly discussed how he was considering attending *AB* but because he had a disabled child whom he cared for, and because he had health concerns of his own, he failed to do so:

> I did look through it. I am toying with the idea, if it's something that I could possibly do. I have health problems that dictate what I can do and what I can't do, and [son] who's with me, he's actually disabled, and so it'd be something that, even the walking football, is there an age limit, or ...?

The traditional and often-cited sociocultural constraints on sport participation such as a lack of time and personal commitments were regularly discussed by LNI attendees, with work demands, childcare, and family responsibilities being the most common competing priorities for their time which prevent their engagement in *AB* (Caperchione *et al*., 2012; Fransson *et al*., 2012; Hooker *et al*., 2011; Im *et al*., 2012; 2013; Vaughn, 2009). However, despite a perceived lack of time, it has been argued

that in some cases this may not be reality (Heesch and Masse, 2004), rather, it is the deep-rooted attitudes and behaviours in midlife, which are often class-related, that may explain their lack of engagement in PA (Kelly *et al.*, 2016). An example of this was to be found in an extract from an interview held with Jack (LNI), who had previously emphasised his lack of time, though later described periods of sedentary behaviour:

> Yes, you need a break from your other half regardless, I don't care [what people say]. Sitting at home, but it's boring. It's like I do, I'm always the first to come up with an idea, but it's just, I'll put my hand into everything, and then it's like, I think I've double-booked myself in like five different places. But after Christmas, like I say, it's a case of cut a few things back and start again and get a bit of structure.

The issues discussed by the LNI attendees highlight the limits of sport policy, particularly in relation to its ability to engage middle-aged male populations who are constrained by other competing priorities in their lives which sport policy is unable to control (Coalter, 2007a; Gard *et al*., 2018; Weed, 2016, 2017). Indeed, it is these competing priorities in middle-aged men's lives which constrained the extent to which government sport and health policy goals could be achieved through *AB* which failed to attract many of its male target group.

Summary

While the brand of professional football is increasingly seen as a vehicle to achieve sport and health policy goals via community sport programmes such as *AB* (Curran *et al.*, 2016; Parnell *et al.*, 2013; Pringle *et al.*, 2013, 2014, 2016; 2018; Zwolinsky *et al.*, 2013), this was a necessary, but insufficient, condition for encouraging men to become physically active. These various factors constrain government's ability to control the

success of its intended policy outcomes as those who are perceived as less powerful (coaches and participants) appear to significantly determine the extent to which government sport and health policy goals are achieved (Bloyce *et al*., 2008; Smith *et al*., 2019). Furthermore, the context in which sport policy is enacted significantly constrains the extent to which its intended outcomes are achieved, as was evident from the sociocultural barriers cited by LNI participants (Coalter, 2007a, 2013; Gard *et al*., 2018; Weed, 2016, 2017). In this regard, government's community-based sport policy appears to be limited by the age of individuals and the various life-stage constraints they experience. Despite these limitations, SE continued to be constrained by the government to demonstrate the effectiveness of its funded *GHGA* programmes, which was performed through monitoring and evaluation and is discussed in more detail in the next chapter.

Chapter Six

Monitoring and Evaluating Government's Community Sport Policy for Health

Introduction

This chapter examines the thoughts and experiences of SE staff in relation to the preferred approach taken to monitoring and evaluating *GHGA*, and how this shaped the ways in which *AB* was monitored and evaluated by EitC staff and their partners. In doing so, the chapter reflects upon how SE, EitC and other organisations were constrained to generate evidence – as part of their monitoring and evaluation processes – on the degree to which they were effective in helping government to achieve its sport and health policy goals. The unintended impact these relational constraints had on the delivery of *AB* and the experiences of its participants and staff is also examined before reflecting upon the future direction SE intends to adopt for the monitoring and evaluation of their funded programmes and whether lessons have been learned from the methods used to monitor and evaluate *GHGA*.

Causality and cost effectiveness evidence

Process evaluation was continually emphasised by SE as part of their vision for the monitoring and evaluation of *GHGA* programmes. As discussed in Chapter Four, the concern with monitoring and evaluation outcomes appeared to be guided by the increasing emphasis placed upon generating evidence by government and health organisations including PHE. The five key outcomes of particular interest for SE, as articulated in *TaAN*, were based upon those of *SF* (HMG, 2015; SE, 2016a). The

emphasis given to evaluation was noted by Sarah (SE senior representative) who explained SE's preference for generating evidence of causality. This was said to be reflective of SE's concern with aligning themselves and their work with seemingly more powerful health partners, especially PHE:

> We want to understand causality and things like that, which wasn't part of what we were asking our initial projects to do. And that in part, I think, has been driven by the [work] … that Public Health England have been doing as well and recognising that actually there's some really promising work happening, but actually the causality element of the [sport] evaluation and research [was missing]. So our thinking is also kind of curving in parallel to other partner organisations' thinking around that.

While Sarah (SE senior representative) explained that all programmes were not expected to conform to one method or research approach, it appeared those which did not identify causality were only viewed as providing evidence for 'promising practice', rather than 'good or best practice', as SE shifted increasingly towards basing policy and funding decisions on 'evidence' (Cairney, 2016; Greenhalgh, 2018; Sanderson, 2002; Wye *et al*., 2015). Although *GHGA* programmes such as *AB* were not expected to investigate causality, it appeared that SE attached more value to those which could provide these data since it enabled them to meet government expectations regarding the most persuasive evidence needed to evidence the effectiveness (especially cost effectiveness) of programmes. The adequacy of evidence that supported promising practice but could not determine causality appeared to be viewed as insufficient to justify replicating and increasing the size of a programme, as Sarah explained:

> We wouldn't expect projects to retro-fit that, because it wasn't something that was asked at the time, but following Public Health England's work that they did with UK Active on the promising practice, and recognising that actually,

> there are a huge number of physical activity and sport programmes that look quite promising, but because we don't understand the causality, we don't know how promising they really are … they [have] come up as promising practice, rather than good or best practice. If we want to be surer about what's good, and what can be replicated and what can be scaled, and kind of progress up those NESTA levels of evidence, then embedding approaches to causality in future methodologies would be a logical approach.

When the challenges of determining causality in what are often very complex community-based sport programmes was explored further, Sarah emphasized that the evaluation framework SE were implementing at the time was intended to develop insight into 'what's working, how it's working and why'. Sarah explained that the expectations for monitoring and evaluation conducted by research teams was dictated by the amount of money invested in the individual programme by SE. Indeed, those programmes which received more investment, such as those funded by *GHGA*, were expected to provide evidence and learning to inform future policies and programmes, as Sarah described:

> For some things - this isn't for all Sport England investment - … where we really want to understand what's working, how it's working and why, then we may consider looking to that (evidencing causality), but actually our evaluation framework that we're developing as an organisation will always be incredibly broad, and it'll be very much proportional to the investment that we're making. So if we were making a fifteen thousand pound investment in something, we wouldn't be looking for that level of research.

The concern with evidence of causality was an expression of the health policy climate and reflected the broader government concern with demonstrating value for money through cost and outcome effectiveness and efficiency as a basis for investing public funds in programmes, including those in community sport (Batlle *et al*., 2018; Mansfield, 2016; Smith *et al*., 2019). The constraint to generate data which supported

this would allow sport to demonstrate its broader contribution in society, as Sarah (SE senior representative) noted:

> The projects then had to submit evaluation plans that were then signed off by Sport England against the methodology that had been to some level dictated, to make sure that we got that outcome effectiveness that we needed, but also enabling the local research teams to determine the questions that were needed locally to support those projects in being sustained if they were effective in the longer term, so answering your public health, social care commissioning agreement kind of questions.

The generation of evidence via IPAQ

As suggested by Sarah above, SE made it compulsory for funded programmes to use specific monitoring and evaluation tools, namely the International Physical Activity Questionnaire (IPAQ) and Single Item Measure (SIM), which were required to be completed at various time points by participants (on enrolment in *AB*, then after 3 months, 6 months and 12 months of attendance). Only quantitative tools were compulsory, and the selection of these tools was a result of findings from a review conducted by Cavill *et al*. (2012) (see Chapter One) who had previously advised PHE, though this did not translate easily to sport. As Sarah explained:

> It [selection of IPAQ] came from a review that was undertaken by the organisation that we commissioned to do a review of all the [PA measurement] tools, and [IPAQ] came back as the best tool available at that time … bearing in mind the ability to objectively measure was not feasible within the budgets. It was considered to be the tool that would most closely get the information that we needed if a small question was added to it so that we could understand the change for our particular measure, which was one times thirty [minutes] per week at that point in time.

Kathleen also described how the results of the review created a dilemma for SE, since it did not appear that any of the tools investigated were suitable for SE in relation to

its planned work in community sport and health. The recommendation by the review's authors was to create a new tool that was more accurate and had the ability to better meet SE's needs, though funding and other constraints led SE to select the 'best of a bad bunch' (Kathleen) of measures which would provide them with evidence of programme effectiveness. In particular, Kathleen explained that:

> What they [the reviewers] basically developed was a document, and it had all the tools, the pros and cons, the best use of situations, what to use, and then we would have a discussion about that. I think the recommendation essentially was that we should develop a new one, because for what we were trying to do none of those had actually worked. We didn't have the funding or the time necessarily to do that, and the [thought] … was that maybe we could develop it as we go through the process, but the single actual measure for the identification [of effectiveness] … [was] the IPAQ, for the tracking, was the best way to go. We took the best of a bad bunch, essentially.

Such was the political constraints to which they were subject in the period immediately preceding the launch of *GHGA*, SE were led to make a series of pragmatic decisions on which measures they would adopt to help determine PA participation in its programmes funded as part of the *GHGA* initiative. Kathleen explained that because each of the alternative tools cited in the review (Cavill *et al*., 2012) had not been sufficiently tested and validated, the decision was taken to use the IPAQ as a measure of PA participation. The decision to implement IPAQ was taken despite a systematic review, which was published and publicly available at the time, concluding that the IPAQ overestimated PA levels and that there was little evidence to support its use to determine relative and absolute PA (Lee *et al.*, 2011). Kathleen described this decision-making process as follows:

> I think it was really tricky, and I know we did a review … but we were about to launch the programme and we wanted to evaluate it as a whole from the

> start. I don't think we had tried them all soundly, we were just going through that process.

The review of tools, which was conducted prior to the commencement of *GHGA*, was repeated post-completion of Round One *GHGA* projects and prior to the initiation of Round Two funded programmes. Sarah explained that the Cavill *et al*. (2012) review resulted in the same findings, favouring IPAQ as the most suitable tool to measure changes in levels of PA participation despite its limitations. SE, therefore, stood by this recommendation and Sarah explained how they envisaged overcoming these challenges for new programmes by providing guidance on how to administer the questionnaire:

> There are a number of challenges with it … however, when the review that was initially done was redone, it was still recommended that it was the best tool available at that time, to be able to capture the changes, and so we followed that recommendation, and we would continue to work with it, but to try and provide as much support for projects in how to administer it in the best way … We debated long and hard between Round One and Round Two whether we should continue with IPAQ as the tool, because of the practical difficulties of administering it in the field, so to speak.

The practicality of using IPAQ during group sessions in Round One *GHGA* programmes was viewed as being especially problematic, particularly when participants were not enrolled together and where it was difficult to track participants. It was also common that staff who worked on Round One *GHGA* programmes were continually required to collect questionnaires which were not always completed or only partially completed, as Sarah acknowledged:

> [It is] almost easier if you had twenty people all starting at the beginning of a programme, but when you've got people coming at different times that's still very complicated, and I'm very aware from talking to staff [there are issues] around missing data, so where people fill in maybe one or two questions, get

> bored and then don't bother with the rest. They've already left by the time that you've realised that they haven't filled it in properly.

The IPAQ was also viewed as a deterrent for new participants, particularly if they were physically inactive, on Round One GHGA projects. Sarah described how the requirement that participants completed several administrative tasks, usually immediately upon being recruited to their respective programmes, was particularly off-putting for the participants. She said:

> A difficulty you've got [with] an inactive person [is] it will have taken an awful lot to get them to want to get active and to get to that session and then the first thing you're asking them to do was to fill in loads of forms, which isn't the most engaging or exciting thing to do. So there's still something there about how we sell that to people, I think, about why it's needed and how it can be of use to them, and how we can perhaps use that as part of the feedback loop back to that person.

As well as physically inactive populations, Sarah explained that many other challenges linked to the completion of questionnaires (especially IPAQ) on funded *GHGA* programmes were encountered by participants from other under-represented groups, specifically those living in areas of high social deprivation and low socio-economic communities. These groups – which were similar to those who were the target population for *AB* – often present with literacy problems due to their low levels of education, which can further compound the limitations of the use of the self-administered version of IPAQ by these populations (Lee *et al*., 2011; Minetto *et al*., 2018; Van Dyck *et al*., 2014; Wolin *et al*., 2008). Reflecting upon the difficulties encountered by participants involved in Round One *GHGA* programmes, Sarah explain how:

> By [there very] nature most of the projects are happening in areas of higher deprivation or high health inequalities and because of the way that the inequalities tend to tear up, people in those areas don't tend to have high levels of education or literacy. A very wordy questionnaire, even the short version [of IPAQ], and there has been some issues where English isn't somebody's first language, and actually the word "moderate" doesn't exist in their first language, which has also caused some difficulties.

Despite these issues and the limitations of using IPAQ with so-called under-represented and vulnerable groups, SE were constrained to use the tool to monitor and evaluate *GHGA* funded programmes so that they could align their work to government priorities to demonstrate how they were achieving their sport and health policy targets in a cost-effective manner. Like PHE, SE were increasingly keen to develop insight into 'what's working, how it's working and why', as highlighted by Sarah. However, IPAQ provides no data on the causes of the sport and health outcomes associated with *GHGA* programmes such as *AB*, and can only indicate the degree to which participants were physically active. Indeed, community sport programmes like *AB* are unable to provide simple cause and effect explanations of any behavioural change reported by participants, nor are they able to straight forwardly provide simple solutions to complex problems (Greenhalgh, 2018; Pawson, 2006, 2013) such as poor physical and mental health (Smith *et al*., 2016). Nevertheless, the quest to legitimize public investment in sport-for-health programmes, and demonstrate cost and outcome effectiveness to government and PHE, in the target-hitting policy climate constrained SE to act and 'be seen to be doing something' in relation to participation in sport and PA and public health (Bloyce *et al*., 2008; Coalter, 2007a, 2007b, 2013; Mansfield, 2016; Smith *et al*., 2019) by using an appropriate tool (IPAQ) to generate evidence in their programmes.

The challenges of using IPAQ in practice: views and experiences of EitC staff

The constraint on *GHGA* programme staff to use IPAQ when enacting government sport policy was especially clear in *AB* where EitC coaches were now expected – as in many other programmes – to play a leading role in the monitoring and evaluation of the programme. All participants were required to complete the IPAQ every three months and were to be assisted by programme staff, usually coaches. However, the monitoring and evaluation of programmes and apparent government requirement to generate evidence of their impact and effectiveness was not something delivery staff wanted to do, nor were they trained to do so. As one coach – Lewis – explained:

> I got into the job because I enjoy sport. I enjoy it myself, because it keeps me active as well, it's not just about them [the participants], because I get involved with them as well. Nine times out of ten, I don't just stand there, you know what I mean, like some coaches. I'll get on and play with them and things like that and have a game and things like that. It keeps me active as well, so it's like a win-win situation. But now I've got to do like monitoring the numbers and things like that, that's just an added thing of being a coach now isn't it really?

Darren (*AB* coach) concurred and while he did not wish to engage in the monitoring and evaluation of *AB*, he nevertheless understood the constraints from the government – via SE – to do so. He said: undertaking monitoring and evaluation 'doesn't particularly interest me. For most of the projects, it's just something I've got to do for them [the funders]'. Although the delivery staff like Darren understood the need to provide evidence of their work, there was some debate about who was responsible for ensuring the IPAQ was completed. Lewis, for example, felt that his responsibility was to deliver sports sessions and ensure that participants had fun:

> It's been a bit of a nightmare, to be honest, only because there's a lot to it, and when we're delivering a session of an hour and a half … [having to complete the IPAQ] eating into the session, so then you're turning up to do the session

> like forty-five minutes before the session just to give the forms out, and the lads turn up five minutes before the session. It just makes your life [difficult], that's sort of like not why I'm there really. I'm there to deliver the session, to make it enjoyable for them to take part in it, and then when you're doing that it's just another added [thing to do and] it's been difficult because that's sort of not really part of my role.

Similarly, the completion of the IPAQ was also not regarded by Mark (EitC senior representative) as something for which he should be responsible for either, even though he was required to report these data to SE. Mark described the reasons for his lack of engagement in the generation of evidence as follows:

> I've not witnessed it [IPAQ completion] myself at sessions. I've only witnessed the one event here where it's a different kind of set-up whereby there's a lot more time here, a bit of down time where we can go through the questionnaires. At the session there will be a lot more rush, they will be a lot busier, several things going on at the same time, and there may even be situations where coaches think, "This session's too busy. I'll do it next session". But yes, it will be a case of probably just giving a questionnaire out to participants to complete and give it back in, and as I mentioned, it could be rushed and not completed properly.

Mark also noted that the men who attended the *AB* sessions simply wanted to play football rather than completing lengthy questionnaires such as the IPAQ, particularly given the considerable investment of time required to complete them. This appeared to have resulted in, at times, coaches failing to distribute questionnaires to new attendees:

> It's the time it takes to complete. The feedback has been the time it takes to complete. The men turn up, they want to play football, as opposed to completing a form. But I think on the whole, they've been completed. There have been some issues [such as] making sure questionnaires are given out to all new people.

As Sarah noted earlier, Darren also pointed towards the challenges he and his colleagues encountered when asking *AB* participants with low levels of literacy to

complete the IPAQ on their own: ‘some people have asked me, "Can you fill out this form for me because I'm not the best with my reading and writing and things like that?". As well as the difficulties they encountered with reading and writing, the participants were also said to be particularly concerned by the sensitivity and length of the IPAQ. As Darren explained, this led some men to avoid completing the questionnaire at all, or at least refraining from answering questions perceived to be ‘too personal’:

> They're [IPAQ] a bit long. People see them, and instantly go, "One, two, three, four, five", and they're counting pages, and then they're looking [at me]. Because I'll say, "I just need you to fill in a quick form", but if I say it's seven or whatever pages long, they'd probably run away. So they are a bit long, yes, and some of the men do come back and they're like, "Why are you asking me this? Why are you asking me that?" Some of the questions are a bit like personal to them, so some of them don't want to answer them sort of questions, especially the type of men that we're trying to engage.

Notwithstanding the practical challenges encountered by the *AB* programme delivery staff, EitC were constrained to ensure the IPAQ and other questionnaires were completed given the importance of demonstrating the effectiveness and impact of the programme in its reports to SE as funders of *AB*. However, while Mark felt the EitC coaches understood the need for questionnaire completion, this did not entirely alleviate their frustrations with this process:

> They totally understand the need for them. Like ultimately, without the questionnaires, we can't gather any evidence … we can't feed back to the funders, and we can't learn lessons, we can't determine if the project is successful or not, so they totally understand why they're required, but yes, they just acknowledge that it can be frustrating at times, in terms of trying to manage a session while also alongside that completing a questionnaire.

Indeed, it was evident from the semi-structured interviews conducted with EitC coaches that they echoed Mark's views even though doing so had the potential to limit the potential effectiveness of *AB* in increasing physical activity and delivering its intended health outcomes. Darren, for example, explained how being constrained to track the number of people who attended *AB* detracted from his delivery of *AB* but that this was an unavoidable feature of his work. In particular, he was of the view that it was easier to deliver other EitC programmes which did not require evidence to be generated using the IPAQ, but that it was nevertheless important for the participants to complete it:

> It'd make life easier if I didn't have them, but obviously we need to track who's on the programme and that, so for every project we run there's a bit of paperwork everyone has to fill. Even using the on-site gym, they [users] have to fill in an induction form, so I think they [participants] all sort of understand that to get something for free they've got to fill in something at least, for us to even just have their data.

The political and policy climate shaped by the government had constrained EitC staff to prioritise the collection of data which could be used as evidence they were meeting their intended targets or risk their funding being withdrawn, regardless of the degree to which this limited the programme's effectiveness in stimulating desired behaviour change amongst the participants (Bloyce *et al*., 2008; Mackintosh, Darko and May-Wilkins, 2016; Nichols *et al*., 2016). Darren summarised the dilemmas encountered by the programme staff thus:

> Because all our programmes are all funded, so for a lot of them, if they don't work, then the funding'll be plugged. So, for example, on a session I run on Monday, *Healthy Blues*, we get the funding in every single year, and it's just down to the programme doing well. If the participant numbers dropped, and

> we only get two or three people turn up, then [local NHS Foundation Trust would] be looking at that, thinking, "Well, we're spending X amount of money on running that. It's not really worth it for us", so they'll pull the plug. So that's why we have to sort of evaluate and show how successful they are in order to keep the money going.

This 'target hitting' culture has become increasingly normalised in the community sport sector and is reflective of the continued marginalization and vulnerability of sport as a policy sector, one consequence of which is the inflated demands made of programme staff to justify the effectiveness of their work in achieving government's sporting and non-sporting objectives (Bloyce *et al*., 2008; Coalter, 2007a, 2013; Mansfield, 2016; Smith *et al*., 2019). The desire to produce evidence which supported and legitimized the apparent ability of sports programmes, such as *AB*, to address non-sporting objectives were not widely welcomed by its coaches and participants. This raised questions about the degree to which coaches, whose experiences and skills are also the focus of government policy (HMG, 2015; Sport England, 2016), were able to encourage sport and PA participation and improve public health as expected through *AB*. It appeared that the constraint towards generating evidence of the impact of their work detracted coaches from focusing consistently upon fostering participation amongst men thereby undermining their ability to help deliver government's sporting and public health policy goals. However, EitC coaches recognised that this was now a more-or-less central part of their occupational climate in which there was a significant need to legitimize and professionalize the role sport is believed to play in achieving government's policy goals (Bloyce *et al*., 2008; Coalter, 2007a, 2013; Mackintosh, 2011; Smith *et al*., 2019).

Learning from *GHGA*? Future approaches to monitoring and evaluation

An uneven distribution of power among all the key actors involved in the decision-making processes associated with the selection of the monitoring and evaluation tools was clear from the interviewees' comments. Indeed, Mark (EitC senior representative) expressed feeling a lack of control over changing the questionnaire selected by SE and was constrained to implement it as part of *AB*:

> In terms of the actual questionnaires, I think it's [power] certainly with Sport England, our hands are tied. It's a case of they're the questionnaires you have to use, so there's nothing we can do about that. We can feed back to Sport England, but [making] … changes, it's out of our hands.

Mark (EitC senior representative) continued by explaining that a requirement for such demanding data collection had not previously been enforced on EitC by other funders who requested a more superficial approach to monitoring and evaluation. Despite the various issues related to the completion of IPAQ as part of *AB*, Mark (EitC senior representative) held the view that the data produced on *AB* was accurate because the questionnaires were validated, which was a significant improvement when compared to other programmes delivered in the past by EitC:

> It still is the case now for our Premier League projects, but the data required for that is minimal, really, and the evidence required is almost non-existent, so a lot of it stays subjective. You know, have kids improved their confidence? Yes, the coach will say, based on what...So depending on what coach completes the questionnaire, depending on their knowledge, they're going to get completely different answers, whereas with this work, it's all validated questionnaires, so they're a lot more accurate, so you can then compare it with local, national data, so you can get a lot more out of it. See, the main things are just that, like previously the requirements around data collection's been minimal, whereas this is a lot more, but obviously you get a lot more out of it.

Mark (EitC senior representative) proceeded to explain how EitC had developed a partnership with an academic partner, which allowed the PhD research reported in this thesis to be conducted for *AB* in addition to the questionnaire requirements from SE and demonstrate further impact. He appeared to add value to the amount of data that was collected using a variety of methods, as opposed to solely relying on questionnaire data. Indeed, it was felt this would support EitC in meeting government expectations of evidence-based delivery for their community sport programmes moving forward:

> Having a PhD dedicated for three years. I know we've somewhat questioned the questionnaires, in terms of the length of them, but just having comprehensive in-depth questionnaires, having the semi-structured interviews, having the focus groups, a huge amount of data collection, and having someone compile that, analyse that, and then report back on that, that's way, way above anything else that we'll do here. So, for example, some of the things that I've done myself, I've been putting together simple one-page questionnaire, and then just drafting up some Excel drafts and presenting that with some narrative, probably eight-page documents, whereas you look at this and it'll probably, this'll probably end up being a hundred pages, and there'd just be so much more that we can learn from this.

Part of the justification for proceeding with the EHU partnership was related to the avenues that an academic institute could open for a charity like EitC, particularly in relation to forums such as conference, both nationally and internationally. Mark (EitC senior representative) expressed that he felt this would support the enhancement of EitC's profile and potentially develop the reputation of the charity with those in the academic sector, as well as their own:

> Working with Edge Hill open[ed] up a lot more channels academically, and he [senior EHU representative] spoke about how we could present at different conferences to raise our profile and improve our reputation … research as well,

> there's been a number of conferences, national conferences and international conferences where we've co-presented. So there's been a huge amount which we've benefitted from, and a huge amount which has emerged from that partnership as well.

Mark (EitC senior representative) explained that he had worked with universities before, but his previous experiences were unlike the proposal from Anthony (EHU senior representative). Mark's (EitC senior representative) previous work with universities had been limited to student work placements, though the new proposal centred around submitting funding applications together and conducting research to produce evidence, aligning with the requirements from the government via SE for evidence generation, which was novel for the charity:

> We've worked with various unis in the past, and a lot of the time it's mainly uni providing students for work placements, which is great, but Anthony just took it to a completely different level, in the sense of what we could do in terms of writing joint funding applications, designing projects, delivering projects together, and obviously the robust evaluation that we've built into projects, having PhD students on board, having journals published to demonstrate the impact, and then obviously it opens up a whole new area of work as well.

However, it appeared to be the constraint to produce more robust data from government via SE which, in part, pressured EitC to seek the collaboration work with an academic partner. Indeed, the data generated would now be expected to contribute to academic publication to achieve the government goal of evidence-based policy making and legitimize sport's ability to contribute towards wider social outcomes (Bloyce and Smith, 2010; Cairney, 2016; Greenhalgh, 2018; Wye *et al*., 2015), as Sarah (Senior SE representative) explained:

> I think, to be honest, some of the challenges around the data collection for the projects, from the point of view of the robustness of data that they want … [for] publication and informing us, so that's driven, I think, from [government], from a very good place and having the strongest, most robust research available, but I think that's been a challenge, and will continue to be a challenge.

The new approach of working with an academic partner would appear to be particularly important for EitC moving forward under the new government and SE sport policies, *SF* and *TaAN* (HMG, 2015; SE, 2016a). Sarah (SE senior representative) described an evaluation framework that would be implemented across the organisation for all future funded programmes who would now be required to evidence their contribution towards the five outcomes specified in *TaAN*. Sarah (SE senior representative) continued by describing a tiered approach to evaluation and research SE would be adopting in the future, highlighting that the top tier would include 'gold standard' research. A checklist was also discussed, which may be different for each of the five outcomes included in the new policy, with a requirement for research teams to gather specific data related to the outcome measure and could be monitored at various time intervals. Despite the issues reported in the current study and the lack of clarity in relation to an appropriate tool to measure the intended outcomes, the concern with causality and demonstrating impact will not be going away:

> So there will be an evaluation framework. Within that, I believe, there are kind of tiers of evaluation and research, from quite basic monitoring, if you like, right the way up to the *Get Healthy, Get Active* kind of projects, because they've kind of been the gold standard with regards to the evaluation that's been put into place, kind of an individual intervention mark. Within that, each of those outcomes has its own tiered system of questions. So there are some basic questions. So if you're looking at mental wellbeing, there'll be some basic questions that we would expect you to have in your forms, and we would

> expect there to be some kind of follow-up, so for activating those stages between six and twelve months again. We're hoping that we will have enough evidence over a period of time where we can actually say, "Well, we're confident that if you've got them at three, you've still got them at six or twelve", but that just doesn't exist at the moment, so we need to keep doing that long a follow-up, which is a challenge in itself, we know.

The 'gold standard', to which Sarah (SE senior representative) eluded, appeared to be in reference to those that were able to determine causality, of which SE were funding six or seven programmes. Though it remained unclear how data and evidence would be gathered, RCTs – although not generally suitable for community sport programmes – were cited as being of future interest to SE:

> The projects fit into different levels of the hierarchy is probably the best way to say. So we've invested in one RCT approach. I think from the review I did there are six or seven projects that are looking to determine causality as part of what they're doing, then there are a number that kind of fit in between that. So they're all high quality from the point of view of what they're doing in that band of the hierarchy of evidence.

Sarah (SE senior representative) concluded the outline of the new hierarchy by explaining the proportionate increase of investment would be relative to the level of research. When providing examples of what this higher level of research may include, Sarah (SE senior representative) specified validated questionnaires similar to IPAQ, neglecting to acknowledge the issues faced with this method during *GHGA*. Alternative methods such as qualitative approaches were overlooked, perhaps due to SE being constrained by the expectations of seemingly more powerful groups such as the government and PHE, who favoured quantitative data with outcome measures, result from the 'target hitting' policy climate (Bloyce *et al*., 2008; Bloyce and Smith,

2010). In conclusion, Sarah (SE senior representative) was keen to emphasise that the decision-making process for the methods employed would need to be guided by the local partners to ensure their needs were met and the research produced was of value to them. Yet, despite voicing the same intention for *GHGA*, EitC felt they had little input into the monitoring and evaluation methods used as was evident from Mark's (EitC senior representative) earlier comments:

> And then, I suppose, as the investment increases and the research and evaluation needed increases, then that would … come … to more validated, you know, perhaps we might use WEMWEBS or EQ5D or some of those tools in the higher levels of evaluation that we want. So again, there would be the basic, for want of a better term, basic, intermediate, advanced kind of questioning, but certainly there would still be that conversation, so recognising what we want might not be exactly what local partners want monitored, and so there still needs to be that conversation about how that works.

Despite the various issues faced by EitC when attempting to generate data which indicated if government goals were achieved, they were constrained to use the IPAQ endorsed by SE due to the clear preference for relatively simple quantitative measures of complex programmes by government (Bloyce and Smith, 2010; Coalter, 2007a, 2013; Greenhalgh, 2018; Pawson, 2013). The increasing demand by government via SE to generate data to demonstrate the impact of community sport programmes constrained EitC to seek collaboration with an academic partner who had more expertise in conducting research. Indeed, it was perceived that this would support EitC to meet government and SE's requirement for high quality, systematic, sophisticated evidence that was considered 'gold standard', was able to achieve academic publication and informed future policy and funded programmes.

Summary

This chapter demonstrated how the sport sector has been constrained to be increasingly business-like and professional by government, an approach which does not appear to be changing in the future as those in the sector aim to demonstrate sports' cost/outcome effectiveness and move sport policy ever closer to neoliberal values. Calls for shift away from how policy-makers and funders shape the 'hypercompetitive socio-political landscape' appear to have been ignored and, subsequently, reducing the likelihood of the development of programmes that can address the various needs of service users, with a growing number focusing solely on 'economic rationales' (Batlle *et al*., 2018: 1). However, Government, as the seemingly more powerful group, constrained SE and EitC to place significant emphasis on the generation of evidence and 'economic rationales' to legitimize sport and demonstrate its ability to contribute to wider social outcomes, preventing it from being further marginalized (Batlle *et al*., 2018; Coalter, 2007a, 2013; Smith *et al*., 2019; Smith *et al*., 2016). A theoretical explanation of the policy process from a figurational sociological perspective is provided in the next chapter.

Chapter Seven

A Sociological Perspective on Government's Community Sport Policy for Health

Introduction

Having reviewed the key themes identifiable in the interviews held with the participants involved in *AB* and those responsible for the enactment of *GHGA* in the preceding three chapters, this chapter will examine how figurational sociology can be used to examine the sport policy process and enactment of SE's community sport policy for health, *GHGA*. More specifically, to adequately explain the degree to which government were able to achieve their sport participation and health policy goals (HMG, 2015; SE, 2016) through *GHGA*, and individual programmes like *AB*, the chapter will discuss how the following key concepts can be applied to the study of sport and public health policy: (i) figurations, interdependence and process; (ii) power relations and intended and unintended outcomes; and (iii) habitus, capital and socialization. The thesis then concludes by reflecting upon the particular value of adopting a figurational sociological approach to the study of sport policy and the sport development activities that occur from it.

Figurations, interdependence and process

As Malcolm and Gibson (2018: 169) have noted, Elias repeatedly emphasised the need to incorporate 'the fundamentally interdependent character of human relations – that it makes no sense to think of humans as individuals that exist in isolation from a broader social group' into our approach to sociology. This, they argue, is critical and

central to the study of sport and health (Gibson and Malcolm, 2019; Malcolm and Gibson, 2018), and as the data reported in the previous three chapters indicate, is important for adequately explaining the enactment of government's community-based sport and health policy. Indeed, since 'any human activity is structured according to the network of social interdependencies in which it occurs' (Malcolm and Gibson, 2018: 170), it was perhaps unsurprising that the data in this thesis demonstrates clearly how the figurations or interdependency networks in which the *AB* participants, EitC staff and SE representatives were enmeshed on a (non-)face-to-face basis both enabled and constrained their actions. These actions were, in turn, shaped by the continued – and often very pervasive – influence of the sport-health ideology (Malcolm and Gibson, 2018; Waddington, 2000) in government policies (HMG, 2015; SE, 2016) and in the actions of those responsible for enacting them.

Under the Conservative and Liberal Democrat coalition government in 2010 sport policy and its associated development activity (especially that related to health promotion) became progressively marginalized within government's broader policy-making community as it became increasingly interdependent with, and dependent upon, the health policy sector (Mansfield, 2016, 2018; Milton *et al*., 2018; Smith *et al*., 2019). One consequence of being radically interdependent with others has meant that those in sport, particularly SE, are being increasingly constrained to align their work with the political priorities of those in the public health policy communities, and to further emphasise the contribution which sport participation is thought to make to government's non-sport, health-oriented, outcomes (Bloyce *et al*., 2008; Mansfield, 2016; Smith *et al*., 2019). It was clear from the interviews held with senior representatives of SE and EitC, in particular, that the Government and SE continued

to prioritise the ideological view that sport had the potential to achieve important health outcomes despite a lack of systematically collected and persuasive scientific evidence (Mansfield, 2016, 2018; Weed, 2017, 2018), suggesting that they 'already [knew] the truth about sport and their faith in that truth is much like religious faith – isolated from empirical reality and regularly expressed through unquestioned support of policies and programs in which sport is the focus' (Coakley, 2015: 403). The need to improve public health was perceived as a sufficient ideological justification for further re-orientating sport policy and activity such as *GHGA* towards 'sport for social good', rather than 'sport for sport's sake' (Mansfield, 2016, 2018; Milton *et al*., 2018; Smith *et al*., 2019). This continued political and policy commitment to promoting health and PA through sport draws attention to how health, and what constitutes 'health problems', should be regarded as a social process (Gibson and Malcolm, 2018; Malcolm and Gibson, 2018; Waddington, 2000). As Malcolm and Gibson (2018: 170) have noted, conceptualising health as a process

> draws attention to a shift from health as defined by the absence of illness, to health as defined as something that everybody can and should strive for throughout all phases of the lifecourse, regardless of specific illness symptoms.

The development of *GHGA*, and its funded programmes like *AB*, thus appeared part of broader social developments associated with the promotion of preventive and lifestyle medicine (Graham, 2007; Malcolm and Gibson, 2018), and a shift in the pattern of disease from communicable to NCDs (Brambra *et al*., 2016; Cullin and Hill, 2016; Marmot, 2010, 2015), which are the targets of much current government policy in the UK and globally (HMG, 2015; PHE, 2016; WHO, 2018). In this regard, funded

initiatives including *GHGA* and parallel shifts in public health policy which prioritise an ability to self-manage one's health (including through being physically active) as a marker of being 'healthy' reflects how current neo-liberal conceptions of health dominate the contemporary sport and public health policy landscape, and also how health is both inherently relational and processual (Brambra *et al*., 2016; Gibson and Malcolm, 2019; Malcolm and Gibson, 2018; Marmot, 2015). On this view, health is 'now judged according to how long we might live relative to other people' (Malcolm and Gibson, 2018: 170) and government's community sport and public health policy further emphasises the apparent need to encourage people to 'aspire to be "more" healthy than those around them' (Malcolm and Gibson, 2018: 170) by becoming more physically active through sport.

The current dominant (neo-liberal) view of health as a highly individualized behaviour is grounded in what Elias (1978a, 2012a) called *homo clausus* thinking and one which isolates human beings from their broader networks of interdependencies. It emphasises the importance of self-control as if one is able to fully control one's health, (Baum and Fisher, 2014; Brambra *et al*., 2016; Gibson and Malcolm, 2019; Waddington, 2000) and is able to do so in isolation from the socially corrosive and structured inequalities which characterise the societies in which they live (Dorling, 2018; Engels, 1846; Marmot, 2015; Wilkinson and Pickett, 2010, 2018). However, the data in this study illuminate the myriad ways in which the participants in *AB*, programme staff, policy-makers and senior leaders of organisations should be conceptualized as *homines aperti*, as people bonded together in dense, complex and increasing differentiated networks of interdependencies (Dunning and Hughes, 2013; Elias, 2012a) which enabled and constrained what they thought and did in relation to

the delivery of *AB*. To adequately understand whether government were able to achieve its sport and health policy goals through initiatives such as *GHGA*, and individual programmes including *AB*, thus requires a understanding of the significance of how government are radically interdependent with many others (especially on a non-face-to-face basis) whose actions, to a greater or less degree, shape the effectiveness of their intended policies (Bloyce *et al*., 2008; Bloyce and Lovett, 2012; Smith *et al*., 2019). It also requires a recognition that despite the simplicity and emotionally attractive appeal of health as something which can be self-managed by the very targets of government policy (Gibson and Malcolm, 2019; Waddington, 2000), the tendency to prioritise highly individualised views of human beings over those which recognise the significance of their interdependence further limits the likely effectiveness of government policy which uses sport to improve individual and population health (Gibson and Malcolm, 2019; Mansfield, 2016).

One of the other major ways through which those working in community sport were constrained to address the growing prioritisation of public health as an aspect of sport policy was through further increasing the complexity of the network of interdependencies, and partnerships, in which EitC, SE and other organisations were enmeshed (Bloyce *et al*., 2008; Smith *et al*., 2019). As part of *GHGA*, SE stipulated that all potential delivery organisations must work in partnership with local health partners, with particular emphasis given to contributing towards locally-relevant, but nationally defined, policy priorities related to sport and health (Gard *et al*., 2018; Mansfield, 2016; Milton *et al*., 2018; Weed, 2016, 2017). In doing so, it was felt that the sport policy sector could, indeed should, be further aligned with the public health sector to better evidence the contribution it could make to government's sport and

health policy goals (Mansfield, 2016, 2018; Weed, 2016), and because it would strengthen the popularity and appeal of neoliberal health trends among policy makers. In particular, the progressive convergence of the sport and health policy sectors would, it is claimed, help further extol the benefits of encouraging the public to become physically active through sport and 'facilitate the withdrawal of the state from the provision of healthcare' (Gibson and Malcolm, 2019: 7).

The operationalization of sport-health ideologies, as articulated in government policy, was a further illustration of how various stakeholders such as EitC and SE sought to negotiate the constraints imposed upon them by government to focus their work on health. The willingness to claim for sport a variety of health benefits was also perhaps an attempt by sporting organisations such as SE to 'stimulate, legitimize or lessen government interventions in sport' (Malcolm and Gibson, 2018: 175), and encourage closer working with other groups outside sport to achieve government's sport policy goals. However, as argued here, 'a significant unintended consequence of the success of sports organizations' health-related arguments that convinced governments to develop policies and invest in sport was that states ultimately directed investment beyond the sport sector' (Malcolm and Gibson, 2018: 175), and further constrained those working in community sport to demonstrate the impact of their work on sport and non-sport policy goals. In relation to *AB*, this dynamic sport policy landscape, where partnership working was now essential, constrained EitC to work within complex networks of interdependent relationships (Dunning and Hughes, 2013; Elias, 1978a, 2012a) which presented them with several challenges as they sought to navigate the conflicting policy agendas of government and SE. Partnership working was seen as an efficient way of working by the government, particularly in relation to

cost efficiency and savings (especially tax savings) (Dorling, 2013; Hunter and Marks, 2016; Smith *et al*., 2016). This simultaneously enabled EitC to access funding from SE to deliver *AB* while constraining them to meet SE's requirement that local delivery organisations oriented the goals of their programmes towards government's policy priorities, particularly in relation to physical and mental wellbeing (HMG, 2015; SE, 2016), and with a view to increasing cost effectiveness and stimulating efficiency savings.

The so-called 'economization of human relations' (Gibson and Malcolm, 2019: 7), which over simplifies the 'increasing complexity of interdependent social relations in contemporary societies' (Gibson and Malcolm, 2019: 9), was particularly evident in this study as EitC were required to use economic-led, health-based (Batlle *et al*., 2018), rationales to justify SE's investments in *AB* and in defining the outputs and outcomes of the programme. Indeed, reflecting the target hitting culture which characterises the sport and health policy sectors, the data in this study revealed how SE and EitC were being held to account by the government on the progress they were able to make to achieving its non-sporting outcomes (particularly those that were health related) in ways that provided value for money (Batlle *et al*., 2018; Bloyce *et al*., 2008; Smith *et al*., 2019; Weed, 2016, 2017). During the formulation of *GHGA* and investment of *AB*, these constraints were evident in the ways SE required EitC to evidence the contribution *AB* would make (and made) towards the government's sport policy goals through identifiable behavioural change, namely, increased sport participation and improved health outcomes, in cost-effective ways – even if this meant the expected outputs and outcomes of *AB* were over-inflated (Coalter, 2007a, 2013).

Although some of the partnerships formed by EitC appeared to benefit them principally in generating and gaining access to funding (Coalter, 2007a; Mansfield, 2016, 2018), their partnership with EHU appeared beneficial in other ways. This partnership was viewed as being more enabling, than constraining, since EHU enabled EitC to generate evidence of its work generally and that associated with *AB* in particular. EHU, unlike local health partners, supported EitC in generating evidence which was of particular importance in the political and policy climate, since it helped EitC to demonstrate the extent to which it was able to contribute towards the achievement of the Government's sport and health goals through *GHGA*. The development of reciprocal and mutually beneficial relationships (Mansfield, 2016, 2018; Mansfield *et al*., 2019) between EHU and EitC facilitated the development of a shared vision for *AB* – something which is commonly regarded as vital for maximising the success of partnerships which, in this case, resembled what Mansfield (2016, 2018) calls 'research-policy-practice' (RPP) partnerships.

According to Mansfield (2016, 2018), RPP partnerships are characterized by resourcefulness, reciprocity and reflexivity and 'represent interdependent, mutually orientated configurations of people whose social interaction is inextricably connected to the wider socio-economic and political environment in which RPP decisions and behaviours take place' (Mansfield, 2016: 719). For Mansfield, *resourcefulness* refers to the capacity and ability of partners to access and use various resources (e.g. financial and human) to achieve their respective goals. In the present study, particularly important for EitC were the human resources and particularly the knowledge and expertise (Mansfield, 2016, 2018) regarding monitoring and evaluation EHU staff were said to bring to *AB*. As discussed in Chapter Four, this was especially important

because of the requirement by SE that the IPAQ was used to help evidence the contribution their *GHGA* funded programmes were making to government's policy goals (HMG, 2015; SE, 2016). However, in doing so, the data reported in this study indicated clearly that during the enactment of *GHGA* SE found themselves increasingly interdependent with delivery organisations such as EitC to gather information, achieve the intended outputs and outcomes, and report the data appropriately to justify their investment of public money to government (Mansfield, 2016, 2018; Mansfield *et al*., 2015; Weed, 2016). EitC were in turn also dependent upon participants providing the information required to evidence the effectiveness of programmes like *AB* in stimulating physical activity and positive health outcomes, and coaches, who had limited experience of monitoring and evaluation (Mansfield, 2018; Pringle *et al*., 2018), were required to ensure the questionnaires were completed appropriately. Not only did this pose various practical difficulties for EitC delivery staff when planning and delivering *AB* sessions, it also raised difficulties in developing among them the need to prioritize the completion of what was sometimes perceived as unnecessary paperwork (Batlle *et al*., 2018; Bloyce *et al*., 2008; Smith *et al*., 2019); indeed, for most staff this was not always seen as their responsibility or something they felt comfortable doing (Mansfield, 2018; Pringle *et al*., 2018). This was particularly true when staff were required to work concurrently on several programmes as well as *AB*, so the support (particularly in relation to monitoring and evaluation) provided by EHU researchers enabled EitC staff to work in a more outcome-focused, efficient and timely manner as they pursued their strategic objectives and those related to *AB*.

The concern expressed by *AB* delivery staff was not altogether surprising for, as Batlle *et al*. (2018) have noted, one of the consequences of the increasingly neoliberal socio-political contexts in which sports charities like EitC find themselves is the expectation that they think and act in more so-called professional, managerialist, business-like and evidence-led ways. They now occupy a very intensely competitive marketplace which frequently includes large public and private commercial companies who also compete for funds, but who are often in a better position to provide the requisite skills and experiences needed to monitor and evaluate programmes in line with funders' and policy-makers' expectations (Batlle *et al*., 2018). While all charities like EitC have always been expected to provide evidence of the impact and effectiveness of their work, the increased prioritization given to the economic benefits of that work (discussed above), alongside a concern with providing evidence which has been 'independently' generated, and sustainable programme delivery, were among the key constraints to which charities like EitC were subject (Batlle *et al*., 2018) as they endeavoured to deliver *AB* alongside their other programmes.

The structure of the figurations, or interdependency networks, between other individuals and groups who attended *AB* were also of particular importance for the success of the programme. The strong relationships between participants who attended *AB* became a crucial aspect for their sustained participation, without which would have likely resulted in increased drop out from *AB*. The benefits of the interdependence between participants appeared to grow over time as bonds between group members grew deeper and stronger, with participants becoming gradually less reliant upon the *AB* coaches. However, as noted in Chapter Five, the emphasis participants placed upon coaches was significant, particularly in relation to their approach which was

commended by participants for creating an enjoyable environment where 'banter' was present. The similarities between participants and coaches enabled EitC to contribute towards SE's outcomes and the wider government sport and health policy goals.

Overall, it was clear that the formulation and enactment of government's sport policy occurred within complex, dense and dynamic networks of independencies (Elias, 1978a, 2012a) in which partnership working between various organisation were regarded as critical, but in practice this imposed various relational constraints upon the organisations involved. The complex nature of the policy process, as indicated in this study, demonstrated clearly the significance of the interdependence for understanding how the ability to achieve government policy objectives was highly dependent upon the actions of many other individuals and groups (Elias, 1978a, 2012a). At times the actions of those who were perceived as less powerful, such as EitC coaches, constrained seemingly more powerful groups, such as the government and SE, who never gained complete control over the enactment of sport and health policy. The uneven distribution of power and how this fluctuated across the various stages of the policy process will be discussed in more detail next.

Power relations and intended and unintended outcomes

As Malcolm and Gibson (2018) have noted, one consequence of the shifting policy landscape in sport (and health) has been the gradual development of a more complex, denser and lengthening set of interdependencies which have been associated with various changes in the structural power relations of those figurations. This has been accelerated by the gradual introduction of new stakeholders in the sport policy community, particularly those from health and the private sector, who have a vested

interest in pursuing health-related sport policy goals (Gibson and Malcolm, 2019; Malcolm and Gibson, 2018). It has also been strengthened strongly by the coalescence of sport and health organisations in a complex policy landscape where the state has become increasingly interventionist in setting the policy agenda.

In relation to *GHGA* and *AB*, the findings of this study revealed how the powerful ability of government to set the policy agenda through *SF* and *TAAN* impacted significantly on the ways in which SE endeavoured to enact government policy priorities (HMG, 2015; SE, 2016), and how partner organisations such as EitC addressed national policy priorities in local contexts. They also revealed how, within the sport policy figuration, seemingly more powerful policy sectors such as public health frequently dominated decisions taken by sporting organisations including SE and the DCMS. Indeed, although it has been claimed that the 'alignment of the sport and health agendas to tackle physical inactivity presents an unprecedented opportunity for the two sectors to work collaboratively towards the common goal of improving population health through physical activity' (Milton *et al*., 2018: 5), in this study the pursuit of public health goals through sport appeared to characterise the decisions taken by SE. Despite the lack of evidence which indicates the ability to achieve significant and sustainable health outcomes through community sport, the persuasive appeal, importance and prominence of public health and healthcare to government (Brambra *et al*., 2016; Gibson and Malcolm, 2019; Hunter and Marks, 2016) meant the priorities and practices of health bodies (e.g. PHE) significantly constrained the approach taken by SE in the formulation and enactment of *GHGA* (Weed, 2016). The claimed benefits of promoting PA for health were often simplistically, and willingly, attributed to sport by government who required SE to orient its activity towards the

achievement of its preferred five outcomes (HMG, 2015) which were dominated by health and economic imperatives (Weed, 2016, 2017). The uneven distribution of power which favoured government and health bodies (Bloyce *et al*., 2008; Mansfield, 2018; Smith *et al*., 2019), and the influence which the health sector had over those in the sport sector, was particularly evident when SE justified their investments in *GHGA* largely in health terms and based their preferred approaches to monitoring and evaluating on methods derived from public health settings. SE and others in the sport policy community were seeking to retain a politically important position in the present-day policy and political climate by aligning themselves with multiple, particularly powerful, health partners as a means of legitimizing the work conducted by those in the seemingly less powerful sport sector (Bloyce *et al*., 2008; Mansfield, 2018; Smith *et al*., 2019). SE used information published by PHE policy to guide the outcome measures it would use to indicate the success of its own funded programmes, specifically the frequency of sport participation, and applied these outcome measures to evidence sport's contribution to health outcomes often by referring to the dose-response curve frequently cited in PA and health literature (Cavill *et al*., 2012; HMG, 2015).

The desire to evidence the contribution sport could make to government's policy priorities led to prospective programmes like *AB* aligning with local health partners' non-sporting objectives, particularly those related to public health. The SE requirement that organisations like EitC obtained matched funding from local health partners were important policy instruments used to constrain the actions of these seemingly less powerful groups to deliver sport, and health, policy outcomes such as

increased physical activity and improved physical and mental health in local communities (Mansfield *et al*., 2015; Smith *et al*., 2019).

Much like Elias's (1978a, 2012a) game models metaphor, as more players became involved in the figuration, or game, the more difficult it was for EitC to influence the direction and outcomes of *AB* and other aspects of its work. As the policy process progressed and additional 'players' became involved the landscape became increasingly complex and difficult to navigate for those within the 'game' (Elias, 1978a, 2012a). Indeed, it appeared that each 'player' involved had varying perspectives on a variety of issues relating to the delivery of *AB*, which made it difficult to coordinate and enact the programme as intended. The various organisations who were involved in the figuration were rarely aware of the intentions and actions of others at all times, and the power struggles involved impacted the ability of SE and EitC to engage in their preferred practices. This having been said, during the policy formulation stage SE appeared to occupy a significant position of power and an ability to reach decisions on the priorities and objectives of *GHGA*, albeit whilst being constrained by government expectations and the influence of organisations such as PHE (Bloyce and Smith, 2010; Gibson and Malcolm, 2019; Malcolm and Gibson, 2019).

During the policy enactment stage, however, despite its relatively powerful position SE relied upon local organisations to deliver their policy objectives through funded sport programmes, such as *AB*, but found it increasingly difficult to enact the government's policy priorities as expected (Bloyce *et al*., 2008; Lovett and Bloyce, 2012; Smith *et al*., 2019). At this stage of the policy process, the once seemingly less

powerful EitC now appeared to occupy a more powerful position and had a greater ability to influence whether government sport and health policy goals could be achieved. SE were accordingly less able to control the actions and behaviours of a wider range of staff from EitC, many of whom they did not know but on whom they were dependent and interdependent, to achieve their own policy goals and those of government. Indeed, during the enactment of *AB* (and thus, *GHGA*), EitC coaches and other delivery staff significantly influenced the success of *AB*. The decisions and actions of EitC coaches to a large extent determined how *AB* was delivered and experienced by participants, and how national sport and health policy was enacted locally. In their capacity as 'street-level bureaucrats' who 'interact directly with citizens in the course of their jobs, and have substantial discretion in the execution of their work' (Lipsky, 1980: 3), EitC coaches had a degree of autonomy and discretion in (re)interpreting and enacting government policy. By adopting locally-relevant and tailored approaches to the delivery of *AB*, EitC staff helped address government sport policy priorities by retaining participants in *AB* and enabling them to remain physically active through sports such as walking football.

The uneven distribution of power also impacted the final stage of the policy process – policy succession – with seemingly more powerful groups such as the government and PHE influencing the decisions of SE (Bloyce *et al*., 2008; Bloyce and Smith, 2010; Weed, 2016). Despite various challenges and complexities with the approach taken by funded *GHGA* programmes, particularly in relation to monitoring and evaluation, SE intended to continue with the same approaches in their future funding streams. Notably, it was claimed that partnership work with health organisations would continue along with the use of validated questionnaires like IPAQ to monitor progress

made towards increasing physical activity through sport and also achieving non-sporting objectives. Indeed, the seemingly more powerful government and PHE also advocated these approaches, which constrained SE to continue pursuing them and further reinforce the ideological view that sport can and should contribute to government health policy priorities (Coalter, 2007a; Smith *et al*., 2016, 2019; Weed, 2016). Despite the evidence gathered from the *GHGA* programmes relating to the numerous issues and challenges of pursuing these approaches, the ideology that sport could contribute to pro-social outcomes adopted by the government seemed more powerful and constrained SE to disregard the learning from *GHGA*. This was perhaps unsurprising given the emotional appeal and continued dominance and preference among government and public health policy-makers for extolling the benefits of self-management approaches to health (Brambra *et al*., 2016; Gibson and Malcolm, 2019; Graham, 2007; Maermot *et al*., 2008).

As noted above and in earlier chapters, the potential success of *GHGA* and *AB* in encouraging physical activity among members of local communities was variously dependent upon the interdependency networks and associated power struggles involved between government and other organisations such as SE, PHE and EitC, yet the power possessed by those who are the very target of those policies was also particularly substantial (Bloyce and Smith, 2010; Lipsky, 1980). Indeed, regardless of the power struggles that existed within the interdependency networks of those who were responsible for enacting government sport and health policy, their efforts were ultimately mediated and perhaps thwarted by actions of those who the policy was targeting. Essentially, the success of *GHGA* and its associated programmes like *AB* was determined by the public and whether individuals responded to the approach taken

by the groups involved in the formulation and enactment of the sport policy objectives. Indeed, whilst *AB* had some success in recruiting the target population, often individuals who were outside *AB*'s specific criteria were allowed to attend due to the pressure to achieve outcome targets stipulated by SE, yet these targets were still not achieved. When consulting participants from LNI engagement events it emerged that men from the target population had various competing priorities in their lives with which policy had to contend. Regardless of how well formulated and enacted a policy may be, they are still delivered within contexts and circumstances over which sport policy may have little ability to control (Bloyce and Smith, 2010; Coalter, 2007a, 2013). For this reason, along with others discussed earlier, it appeared that the ability for sport policy-makers to control whether intended outcomes are achieved is limited and often dependent on the actions of others (Elias, 1978a, 2012a). It may therefore be prudent for future policy-makers to consult with those who their policy targets to understand the barriers they face and the complexities of the contexts in which they live (Coalter, 2007a, 2013; Pawson, 2006, 2013). Instead the current approach appeared to involve writing a sport policy grounded on theories formed with seemingly more powerful groups, such as national health organisations, where little evidence base to support sport's ability to achieve the intended non-sporting outcomes was present, resulting in the policy being built upon a foundation of ideological views (Coalter, 2007a; Weed, 2016, 2017; Weed *et al*., 2015).

Addressing the needs of those whom policy targets should be the priority, rather than focusing solely on economic rationales which prioritise the survival of charities/organisations, and the sport sector more broadly, ahead of participants' needs which is often the case in competitive neoliberal landscapes (Batlle *et al*., 2018). If

taken at face value it may appear as though charities such as EitC make decisions based on economic value to benefit participants through achieving funding which enables them to deliver sport programmes, though in reality they are constrained to prioritise the survival of the charity, programme and jobs ahead of the participants' needs, which limits the degree to which those who attended programmes like *AB* can derive the intended and potential benefits of them (Batlle *et al*., 2018).

The inability of government to directly influence the intended beneficiaries of policies often limits – sometimes considerably so – the extent to which they can achieve their formally stated policy goals as they originally intend; indeed, they more usually produce unintended outcomes (Bloyce *et al*., 2008; Dopson and Waddington, 1996; Smith *et al*., 2019). However, as Smith *et al*. (2019) have suggested, the unintended outcomes which result from the formulation and enactment of sport policy have not been widely studied. The findings of this study, however, indicate clearly how the complex interweaving of the actions of many individuals and groups made it difficult for all of the groups involved in the formulation and enactment of government's community sport policy to achieve its intended goals (Bloyce *et al*., 2008; Dopson and Waddington, 1996; Smith *et al*., 2019). The vastly complex patterns of interaction and interdependency among large numbers of individuals and groups such as SE and EitC who attempted to preserve, maintain and progress their own individual and/or collective interests during the enactment of government sport and health policy goals resulted in important unintended outcomes (Elias, 1978a, 2012a; Murphy and Sheard, 2006). However, while this is not ideal, and often not desired, Elias (2012a) noted that unplanned outcomes are a normal occurrence in social life, particularly when the actions of large numbers of people are interwoven and the intentions and moves of

each individual are often not known by all. It is, therefore, perfectly understandable for outcomes to occur which were not initially designed and no one individual has chosen (Elias, 2012a). Unfortunately, in the current study, many of the unintended outcomes that arose carried unwanted consequences and were detrimental to the success of *GHGA* and, therefore, the achievement of the government's sport and health policy goals.

The strong ideological link between sport and the contribution it was expected by government to make to public health constrained practitioners to seek evidence which supported this assumption. Indeed, it appeared the government had constrained SE to adopt the ideological view that sport 'works' in improving physical activity and health and that evidence of this was simply expected to be found; in this regard, the lack of willingness to find a more suitable tool than the IPAQ appeared related to an apparent reluctance to invest in one (Weed, 2016; Weed *et al*., 2015). However, the decision to select IPAQ resulted in numerous unintended outcomes, particularly at a delivery level where there was a significant negative impact experienced by coaches and *AB* participants. This was created by a need for participants to complete lengthy questionnaires which contained personal questions when their main reason for attending was to play walking football. Subsequently, the participants complained regularly to the coaches who felt, as a result, participants lied about the answers provided on the questionnaires. While it was SE's intention to use the data generated to evidence the positive work of funded programmes, the data appeared to be invalid and unreliable, which was not intended by SE but was a consequence of the decisions and actions taken by them. While their intention to generate evidence on the ability of programmes such as *AB* to increase physical activity among its participants, using

IPAQ limited the ability of EitC staff to achieve government's (and SE's) intended outcome of increasing physical activity and other health outcomes. The selection of IPAQ thus appeared to be misguided, at least in terms of its ability to be used practically 'on the ground' by programme delivery staff.

The requirement that EitC coaches work with participants to complete the IPAQ and other documentation related to the monitoring and evaluation of *AB* resulted in other unintended outcomes which limited the government's ability to achieve its intended policy goals. For example, given the substantial amount of time needed to complete the IPAQ and other paperwork during what was often just a one-hour PA session, the coaches sometimes avoided asking participants to complete these monitoring and evaluation processes. Indeed, coaches were of the view that questionnaire completion should not be part of their role; rather, and in line with one of government's priorities as articulated in *SF* (HMG, 2015), they preferred to create an enjoyable environment which was viewed positively by *AB* participants and which helped them become physically active. Thus, although the findings from interviews held with senior representatives of SE indicated that they never intended for the monitoring and evaluation of programmes like *AB* to undermine the central purpose of *GHGA* – namely, to increase physical activity and improve health – in practice, their quest for evidence of effectiveness (Coalter, 2007a; Mansfield, 2016; Weed, 2016, 2017) did impact negatively upon coaches' and participants' experiences of the programme. Rather than being interpreted as a means of sharing learning about programme effectiveness and supporting the enhancement of practice locally (Kay, 2012; Mansfield, 2016; Nicholls *et al*., 2012), the completion of tools like the IPAQ was perceived as necessary mainly to retain funding. In effect, it became part of the broader

strategies of those who enact policy to safeguard their own interests in relation to job security and the financial sustainability of their organisation, rather than labouring under the belief that the appropriate completion of monitoring and evaluation processes would assist the government in achieving its intended policy goals (Batlle *et al*., 2018).

Notwithstanding the more pragmatic decisions taken by the *AB* delivery staff in relation to monitoring and evaluation, they were nevertheless constrained to at least take into account the decisions of others and most notably SE. It was impossible for them to ignore completely the consequences of being so interdependent with SE who, as noted in Chapter Four, were often over-reliant on 'guesswork' when setting participant engagement targets and determining the value for money of programmes such as *AB*. The use of 'cost per head' calculations to determine output and outcome measures in the absence of much empirical evidence resulted in unrealistic targets being set for EitC, who had initially proposed engaging fewer participants in their original application for funding. However, such was the concern with economic rationales and quantification of programme effectiveness (Batlle *et al*., 2018; Gibson and Malcolm, 2019), EitC were constrained to make inflated and unrealistic promises (Coalter, 2007a, 2016) about what participation targets and health outcomes they were likely to achieve to secure funding. It may be reasonable to assume that government and SE did not intend for organisations like EitC to make unrealistic promises about their likely impact on government's policy goals, but in practice the over-claiming which characterised the formulation stage of the *AB* programme resulted in delivery staff being required to direct their efforts towards the achievement of goals which were perhaps unrealistic from the outset and which meant they were under significant

pressure to demonstrate the effectiveness of the programme sometimes at the expense of the participants' experiences of it (Batlle *et al*., 2018; Kay, 2012; Nicholls *et al*., 2010).

Although SE did not intend for organisations like EitC to over-promise what could realistically be delivered through *AB*, the economization which characterised their interdependence with government (Brambra *et al*., 2016; Gibson and Malcom, 2019; Hunter and Marks, 2016) meant they were unavoidably constrained to require their partners to evidence (in largely quantitative terms) the likely effectiveness of their programmes which would be funded only if they were perceived to represent good value for money. In this regard, Gibson and Malcolm (2019: 5) have argued that reducing community sport and PA policy to economic concerns 'invariably contains fundamentally biased accounting identifying costs for the state, while obscuring the gross costs for both individuals and the society as a whole' in terms of the potential health benefits and costs which might accrue from encouraging sport participation. They also suggest that 'the marriage of physical activity and health generates [a] kind of emotional gratification' (Gibson and Malcolm, 2019: 6) among government and policy-makers who were able to constrain less powerful groups such as SE to make partnership working with health bodies a condition of its work. In the case of *GHGA*, the requirement that sports organisations would work in partnership with local health partners (some of whom were to provide match funding) was a defining feature of the prevailing political and policy environment in which SE and other bodies found themselves (Mansfield, 2016, 2018). Although the development of these knowledge-related collaborations was intended to develop more efficient, impactful and sustainable ways of working (Mansfield, 2016, 2018), the relational complexity which

characterised them resulted in outcomes which none of the groups appeared to foresee or intended (Bloyce *et al*., 2008; Elias, 1978a, 2012a; Smith *et al*., 2019). In *AB*, working in partnership with other health organisations (e.g. CCGs, local council) with whom EitC had never previously worked on projects of this kind was intended to assist in the effective recruitment and delivery of the programme over three years. However, this proved particularly challenging for EitC and did more to hinder, rather than help, their attempts to engage men in *AB* and led them to spend more of their time managing partnerships (especially in the first two years) than actively delivering and maximising the effectiveness of the programme. Thus, the relational complexity of this partnership working detracted attention away from seeking to achieve the intended goals of increasing physical activity and improving health towards sustaining (in some cases, ending) what eventually proved to be relatively short-term partnerships rather than working collaboratively to deliver of *AB* over its three-year existence.

The dynamic power relations and associated unintended outcomes which characterised the interdependency networks through which *AB* was delivered involved some groups whose activities were oriented towards the achievement of the intended goals of the programme (e.g. EitC and SE), while others (e.g. some of the *AB* partners) appeared more concerned with being involved to meet their own agendas and needs which were not compatible with the principal goals of *AB* or *GHGA* (Bloyce and Smith, 2010; Dopson and Waddington, 1996; Mansfield, 2016). In other words, the data presented in this study revealed how recognising the differential use and distribution of power within dynamic interdependency networks was important for understanding how the groups involved in *GHGA* and *AB* endeavoured to 'maintain and/or advance their own individual and collective interests, whilst also mediating and

thwarting those of others' (Smith *et al*., 2019: 164). Studying the formulation and enactment stages of GHGA and *AB* also revealed how an Eliasian understanding of power helps explain how various tensions, conflicts and consensus often characterize policy processes and normally result in unintended, as well as intended, outcomes (Bloyce et al., 2008; Bloyce and Lovett, 2012; Smith *et al*., 2019). More specifically, the findings of this study – like other figurational studies – reveal how

> control, power and interdependent relationships shape the experience and understanding of PAHP [physical activity health promotion] and generate unintended consequences that effect not only individuals within figurations but also the schemes [such as *AB*] themselves. (Malcolm and Gibson, 2018: 176)

As explained in the next section, the unintended outcomes of the formulation and enactment of *GHGA* via *AB* were also related to the various habituses of the individual and groups involved, and the significance of capital and socialization.

Habitus, capital and socialization

The findings of the current study indicated that participants' experiences were socially constructed and structured which predisposed them both towards and away from sport participation. These socially learned experiences were more-or-less central to the individual habituses of participants and also habituses which they shared with other groups, including those related to gender, class, age, and ethnicity (Dunning, 2002; Dunning and Hughes, 2013). For the *AB* men and especially the LNI participants who did not join the programme, their particular social backgrounds and experiences of socio-economic disadvantage constrained their ability to engage in sport and PA, and

also impacted variously on their health. Those men who did attend the LNI events and subsequently attended *AB* were more likely to have developed a habitus in which sport and PA were generally common and enjoyable features of childhood and youth, and while their participation stopped during early adulthood, they were better able to re-engage in sport having had those experiences (Coalter, 2007a; Green, 2016). It was also clear that these participants felt comfortable engaging and sharing their experiences with similar men who had been habituated and socialized in similar ways (Green, 2016; Malcolm, 2008). Football was seen as a symbol of masculinity (Sheard and Dunning, 1973) and a context in which men were able to engage explicitly in 'banter' with other men, which was something they had done habitually in the past and which they valued engaging in as part of *AB.* In addition, since *AB* was delivered by a football club to football fans living in very socially and economically deprived communities it typically attracted men from these backgrounds which were not always associated with good health (Pringle *et al*., 2013, 2016; Zwolinsky *et al*., 2016). For all of the *AB* men who took part in the semi-structured interviews, the association of the programme with football and EFC proved initially attractive in recruiting participants because they had deep emotional attachments to the sport and the club. In this way, the early development of men's personal biographies and habituses were important foundations upon which later socialization practices (Green, 2016) developed as part of *AB* could be built, and on which attempts to reengage men in PA through sports such as walking football could be maximised.

Another significant dimension of the socialization (or, for Elias, the individual civilizing process [Elias, 2010]) of men which proved significant for retaining them in the *AB* programme was age. The process and experience of aging was significant

factor which structured participants' habituses and predisposed them either towards or away from engaging with *AB*. For *AB* participants (whose average age was 52 years), there were shared age-related concerns among all members of the group, often relating to a perceived self-responsibility to prevent illness and disease as they aged (Cavanagh, 2007; Lupton, 1999; Pike, 2011a, 2011b), which played a key role in their decision to attend. It was also part of their 'quest for meaning' (Elias, 2010: 43) and purpose through re-engaging in sport and improving health and wellbeing (Blaikie, 1999; Gard *et al*., 2018; Pike, 2011a). The ability of these men to engage in *AB* was facilitated by their family and work circumstances, since for many men their children had already moved out of the family home and they also had fewer – or no – work commitments. For many of the LNI participants who were typically younger (with an average age of 44) and did not regard themselves as old enough to engage in walking football, however, age was perceived as a constraint on what they were able to do, or not do, and compounded the impact that other competing priorities in their lives had on their ability to attend *AB*. Two of the most common barriers which prevented the engagement of LNI participants lives were their family and work circumstances (Gard *et al*., 2018), where children were commonly still dependant on them and they were still in full time employment, both of which demanded the majority of their time. Regardless of how powerful the EFC brand was in engaging men, the competing priorities that occurred at particular points in men's lives reduced the likelihood of them participating in *AB*. In light of the age-related findings of this study, therefore, for sport policy to be successful it must address the competing priorities which fluctuate across the lifespan, though the extent to which it can control this appears somewhat limited (Coalter, 2007a, 2013). The current approach of sport policy, where SE distribute funding for sports development activities, may appear to do little to

reduce the various competing responsibilities in the lives of *AB*'s target population. Instead, sport policy's largely individualistic approach expected those who it targeted to resolve complex issues such as childcare and employment commitments without support, which unsurprisingly resulted in sport policy having limited reach and impact on the lives of participants and reduced the likelihood of its intended sport and health outcomes being achieved (Coalter, 2007a, 2013; Smith *et al*., 2019; Weed, 2016).

Just as age made a differential impact on the propensity for men to engage in AB, so too did the development of various forms of social capital (Coalter, 2007a; Putnam, 2000). For those who attended *AB*, their on-programme experiences were wholly positive, with various forms of capital developed through accessing the *GHGA* funded programme. While it was not anticipated by many of the men prior to attending *AB*, they enhanced their social capital significantly by forming new relationships with peers and EitC coaches who delivered *AB*. Indeed, as noted above, socializing with other men on the programme was frequently cited as a main contributing factor to participants' continued involvement in *AB*. Socializing was also experienced outside of *AB* sessions however, allowing them to expand their social networks further. This finding demonstrated the potential for sport development programmes, such as *AB*, to achieve the non-sporting objectives increasingly expected of the sport sector (Bloyce *et al*., 2008; Bloyce and Green, 2011; Coalter, 2007a, 2009). In this regard, *AB* was able to create 'positive social experiences' for participants and contribute towards the 'social and community development' outcome outlined in recent government (HMG, 2015) and SE (SE, 2016) sport policies.

However, the enhanced social capital accrued by *AB* participants appeared limited to bonding rather than bridging social capital (Putnam, 2000), which meant the programme was only partially successful in achieving government's individual and social and community development outcomes (HMG, 2015; SE, 2016). Bonding social capital allowed participants to develop social relationships but only between people similar to themselves, which is unsurprising given the focus of the programme on recruiting men with similar backgrounds and characteristics. There was little evidence that they developed bridging social capital, where relationships are formed with different types of people. While Putnam (2000) comments upon the value of developing bonding social capital, such as developing loyalty and reinforcing particular identities, it is significantly less valuable when compared to bridging social capital, and can result in undesirable outcomes such as exclusion and segregation within society (Coalter, 2007a, 2007b). Indeed, social bonding capital can cause individuals to level downwards in society, subsequently hindering social mobility and negatively effecting the community development sought by government policy (Putnam, 2000). However, the development of this type of social capital is perhaps to be expected given the way in which funded programmes were designed to target under-represented groups by setting specific criteria which individuals should meet prior to attending (Coalter, 2007b; Walseth, 2008). While logically this may seem to be an appropriate method, in reality a more complex resolution may be required to ensure bridging social capital is developed and people from various backgrounds are integrated in sports development activities such as *AB* (Coalter, 2007b; Walseth, 2008).

The method of targeting specific populations appeared to somewhat limit the extent to which *GHGA* funded programmes like *AB* were able to achieve the government's non-sporting policy goals such as social and community development, with particular interest in the development of social cohesion, bridging capital and social mobility (HMG, 2015; SE, 2016). Sport policy and development activities in their current form do not appear to be successful at bridging social divides in society, despite claims to the contrary by policy-makers (Coalter, 2007b; Walseth, 2008). While *AB* participants experienced opportunities that would not have been afforded to them if they had not attended, such as accessing EFC's training facilities and playing on the pitch at Goodison Park, they did not develop new relationships with people from different backgrounds, which Putnam (2000) describes as being crucial for people to progress and level upwards in society. While social mobility is a continued policy goal for government, it does not appear the current approach to sport policy can help develop this significantly; rather, the current approach isolates those from lower social classes (Coalter, 2007a, 2007b). In this regard, despite claims in sport policy that sport can bring communities together and develop all aspects of social capital and social development (HMG, 2015; SE, 2016a), the current study's findings show that many sport programmes in their current form may not be sufficient to achieve these outcomes and may instead isolate and exclude particular groups.

While the development of social capital was complex and challenging for delivery staff, physical capital appeared to be developed among *AB* participants. Indeed, all participants reported various improvements physically, including increased PA levels, feeling fitter, and enhanced capability of completing daily activities. These reports were evidence that *GHGA* had, to some extent, achieved its aim of increasing the PA

levels amongst the inactive (HMG, 2015; SE, 2016a, SE, 2016b). It was also evidence that sports development activities, such as *AB*, were able to contribute towards non-sporting objectives, specifically improvements in physical health. The significance of these improvements was, however, unclear as they were based on self-reports from participants, as opposed to statistical analysis of physiological measurements often sought by PHE and the government. Nevertheless, all *AB* participants placed particular value on these improvements which strengthens SE's argument that sport is, to some extent, able to support government in achieving their health policy goals. Furthermore, while cited less often than physical wellbeing, mental wellbeing was also recognised as an area which *AB* participants had improved from their perspective, demonstrating that further contributions could be made by sport towards government health policy goals (HMG, 2015; SE, 2016a; Smith *et al*., 2016). These findings are further evidence that sport policy can, to varying degrees, have some success in developing social and physical capital for those who attend sports development activities, such as *AB*, though it is limited by adopting an individualistic approach where specific populations are targeted which restricts its reach and potential for further benefits (Coalter, 2007a, 2007b, 2013).

Summary

The purpose of this chapter has been to examine how figurational sociology can be used to examine the sport policy process and enactment of SE's community sport policy for health, *GHGA*, via an analysis of *AB*. It also sought to explain how key figurational concepts and ideas can help to explain the degree to which government were able to achieve their sport participation and health policy goals (HMG, 2015; SE, 2016). The conclusion to the thesis builds upon the arguments presented in this chapter

and considers the original contribution the thesis makes to knowledge of sport policy processes, the practical value of adopting a figurational sociological approach, and reflects upon the limitations of the study and identifies potential directions for future research.

Conclusion

The purpose of this thesis has been to examine, from the perspective of figurational sociology, the extent to which government is able to achieve its sport and related public health policy goals (HMG, 2015; SE 2016a) through SE's *GHGA* programme and the *AB* programme. In doing so, it has shed light on the dynamics of policy processes, and especially the formulation and enactment of sport policy intended to promote public health. The original contribution the thesis makes to existing knowledge in the field can be divided broadly into three main areas. Firstly, the research reported here has built upon the limited number of previously published studies which have used figurational sociology to examine community PA and sport policy (e.g. Bloyce and Smith, 2010; Bloyce and Lovett, 2012; Bloyce *et al*., 2008; Gibson and Malcolm, 2019; Lovett and Bloyce, 2017; Malcolm and Gibson, 2018; Smith *et al*., 2019) and has demonstrated how complex processes of policy formulation and enactment are constrained by the dynamic networks of interdependent relationships (or figurations) and the differential distribution of power between individuals and groups (Bloyce *et al*., 2008; Smith *et al*., 2019). In particular, the Eliasian concepts of figurations, interdependence, process, power and intended and unintended outcomes were shown to be particularly helpful in explaining how *GHGA* was first developed and subsequently shaped the design and delivery of programmes such as *AB*. The enabling and constraining elements of the interdependent relationships which characterised the sport policy figuration helped to explain the complexities experienced, and challenges faced, by those responsible for enacting government policy 'on the ground'. The changing balances of power within these interdependency networks also drew attention to the fact that no one group, even a

group as powerful as government, are able to retain complete control over the policy process so that they are able to pursue effectively their intended policy goals (Bloyce *et al*., 2008; Smith *et al*., 2019). That these power relations were continually in flux across the various stages of the policy process meant that, at times, government and SE were heavily reliant upon the actions of those who occupy seemingly less powerful positions (such as EitC coaches and other staff) to deliver their outcomes. Many of these outcomes, it was shown, were unintended and were the result of various complex processes involving the interweaving of the goal-directed actions of large numbers of people (Elias, 1978, 2012a), and involved power struggles between various groups. Particularly significant were the significant constraints to which SE were subject from government to pursue its health policy goals by drawing upon the approaches to health promotion adopted by organisations such as PHE. The relatively limited autonomy SE had to develop the nature and scope of *GHGA* was thus reflective of the increasing blurring of the boundaries between sport and health policy sectors, and the increasing prominence of neoliberal thinking about health and healthcare among policy-makers (Gibson and Malcolm, 2019).

The second way in which the thesis contributes to knowledge is in its incorporation of the perspectives and experiences of representatives of different groups who constitute the sport policy figuration (Bloyce and Smith, 2010), but who have been notably absent in existing figurational analyses of the sport policy process: namely, policy-makers and other senior decision-makers. In this regard, the present study provides a more adequate explanation of the policy process by incorporating the views of as many representatives of the relevant stakeholders involved in *GHGA*, and *AB*, into the analysis of the sport policy figurations involved. This enabled the researcher to explore

the thoughts and experiences of the various actors responsible for achieving government's sport policy goals, particularly the five outcomes it outlines in *SF* (HMG, 2015; SE, 2016a). In this respect, the study provides a detailed picture of the complex interdependent relationships upon which the enactment of sport policy is dependent, and how the power balances that characterised these relationships influenced people's thoughts and actions.

Exploring the views policy-makers and programme managers and delivery staff have of sport and programmes such as *GHGA*, and the experiences recalled by *AB* participants, enabled this thesis to make a third contribution to knowledge. In generating new knowledge about how the ideological and mythopoeic (Coalter, 2007a, 2016) perspectives upon which government's community sport policy is based, this study reveals how the sport-health ideology (Waddington, 2000) in particular continues to shape the formulation and enactment of sport policy in a range of ways. It was clear that at the heart of the emotional appeal of sport policy and initiatives such as *GHGA* for government and government-funded bodies is the alleged health-related benefits of encouraging the public to be physically active, and further encouraging the self-management of health (Gibson and Malcolm, 2019; Waddington, 2000). As Gibson and Malcolm (2019: 11) have noted, this emotional appeal 'is largely due to its congruence with broader neo-liberal (health) trends: extolling the public to exercise is seen to facilitate the withdrawal of the state from the provision of healthcare'. They add that another important part of the emotional appeal of sport and PA policy for public health is its tendency to reproduce 'ideas about health as self-management'(Gibson and Malcolm, 2019: 11) in a context 'where it is increasingly difficult to distinguish between those who are ill and those who are not *yet* ill' (Gibson

and Malcolm, 2019: 11; original emphasis). Overall, it might be argued that the findings of this study provides some evidence of the ways in which government's community sport policy which is intended to benefit health is 'sustained by the emotional comfort brought by a sense of "doing something" positive' (Gibson and Malcolm, 2019: 13).

As Coalter (2007a: 7) noted over a decade ago, despite the dominance of ideologies such as the sport-health ideology which inform aspects of sport policy and the development activity which emerges from it, there is a need to 'think more clearly, analytically and less emotionally about 'sport' and its potential'. However, the increasing prominence of neo-liberal thinking in government policy appears to have done more to discourage, rather than encourage, this type of thinking and has prioritised the generation of particular types of 'evidence' which it is believed demonstrates the effectiveness of sport policy: cost effectiveness, value for money and efficiency savings (Coalter, 2007a, 2013; Mansfield, 2016; Weed, 2016). It appears that now, more than ever, the fulfilment of Coalter's recommendation is essential, particularly in the quest for a greater understanding of the sport policy process and the success of sport development programmes and policies such as *AB* and *GHGA*. Indeed, as Elias noted, taking a 'detour-via-detachment' when conducting research brings certain benefits (and some challenges) particularly in relation to the generation of reality-congruent knowledge which has practical use and is likely to increase the 'chances that one will be able to come up with adequate diagnoses and find workable solutions' (Dunning 1999: 8) to policy problems. However, a 'concern with relatively detached understanding has to be tempered by a motivating and familiarity-conferring *involvement*' (Dunning, 1999: 8; original emphasis), which is particularly important

in developing more adequate explanations of people's (e.g. coaches, senior managers, policymakers) experiences and views of their situations and life events.

Although the primary concern of this thesis has been an academic one (i.e. to enhance *relatively detached* understanding of sport policy processes), it is argued that this is an essential requirement if more effective policy formulation and enactment is to be developed and the occurrence of undesirable unintended outcomes reduced (Dunning, 1999; Smith *et al*., 2019; Waddington and Smith, 2009). Given the current neoliberal context in which government sport policy is enacted, it may be difficult for such an approach to be encouraged among those charged with formulating and enacting government's sport and health policies. However, for those who are not persuaded by the demands of seemingly more powerful groups, such as the government, and have the autonomy to conduct research in a relatively detached way, figurational sociology is particularly beneficial (theoretically and empirically) for researchers who seek to conduct research/analysis of policy and for policy (Smith *et al*., 2019). Indeed, as the current study has demonstrated, a figurational sociological approach can help us to provide a more adequate understanding of how and why government are able to achieve their sporting and non-sport goals, and how unintended outcomes – which may or may not be welcome – are to be expected and are normal features of the policy process (Bloyce et al., 2008; Smith *et al*., 2019). Thus, undertaking a relatively detached analysis of the various ways in which balances of power come to enable and constrain – at times simultaneously – the actions of those involved in the policy process can reveal how sport policy is shaped and enacted in practice. In this regard, to understand how policy-makers, senior managers, coaches and participants engage in the formulation and enactment of government sport policy, the findings of this thesis

reveal it is practically and academically ‘necessary to examine the wider figurations of which they are a part, and the tensions, conflicts and consensus that characterize these dynamic power relationships and which normally result in unplanned, as well as planned, outcomes’ (Smith *et al*., 2019: 164). Indeed, if more research was conducted in this way, it might not only help to advance knowledge but also have greater capacity to increase the likelihood of enabling government to achieve more of their intended policy goals.

It is also worth noting that whilst Elias’ explanation of ageing aligns more closely with a traditional ‘deficit’ model of ageing – which portrays growing old as a stage of unavoidable decline where deficits, disease and other age-related problems require intervention and/or treatment – other models of ageing also merit consideration (Pike, 2019). One model which conceptualises ageing more positively is the ‘heroic’ model where ageing is regarded as something which should be fought and defeated and perceives those who do not engage in ‘heroic’ activities as failures (Pike, 2019). Outdoor adventure activities are identified by Pike (2019) as a context in which older people choose to fight ageing and one in which pleasure can be obtained in the company of others given the inherently social and inclusive nature of the experience often associated with those activities. Similarly, ‘capable’ ageing – as proposed by Eman (2012) – outlines how participation in competitive sport allows individuals to challenge common views about old age and the ageing process by demonstrating their physical abilities. However, Pike (2019) argues that neither the deficit or heroic models adequately reflect older people’s views and experiences of ageing and she instead prefers to place greater emphasis on the meanings people give to ‘authentic ageing’. For example, when discussing their experiences of authentic ageing many *AB*

participants expressed how much they valued their health and desire to experience healthy old age which they associated with participating in sport and returning to playing football again given the enjoyment it brought them.

Like ageing, masculinity does not mean the same thing to all men (Sparkes, 2015). It is also important to note that the social processes of gender include ageing (Connell, 2005) and the interplay between gender and ageing generate specific meanings about masculinity and growing old (Eman, 2012; Shirani, 2013), which for *AB* participants appeared to centre on 'healthy ageing' and 'active ageing' (Blaikie, 1999; Pike, 2011b, 2019). It is argued that the view which once privileged older men as being powerful and experienced, together with the 'double standard of ageing' where age is valued in men but not women, is now obsolete. This is largely associated with the increased emphasis which has come to be placed in many western societies upon the body and bodily appearance (Gulette, 1997; Hearn, 1995), with many men now said to be increasingly concerned about ageing at younger ages than in the past (Shirani, 2013). Indeed, Comeau and Kemp (2007) have argued that as they grow older many men come to base their thoughts and experiences on the lives and bodies of younger men in a similar manner to how the *AB* participants in this study did as they aspired to remain physically active and preserve their health whilst growing old. Many of these men were traditionally masculine having been white, heterosexual, working-class and having a particular interest in so-called working-class sports such as football. They also valued significantly the context in which *AB* was delivered since it was a programme which was exclusive to men and enabled them to engage in 'dressing room banter' and other male-led activity. This environment was very different to those which they experienced in their working environments where women were typically

present, and where there were fewer opportunities for them to engage in stereotypically masculine forms of banter.

Implications and recommendations for future policy

As discussed in Chapter Seven, one of the unintended outcomes that occurred during the formulation and enactment of *GHGA* which was observed in *AB* was the implementation of an inadequate monitoring and evaluation tool (i.e. IPAQ). Although this was, in part, a result of the uneven distribution of power which constrained the actions of SE, those who were responsible for making the final decision were aware of its inadequacy yet continued to proceed with its selection. The imminent launch of *GHGA* constrained SE to act quickly, though this only served to limit their ability to demonstrate cause and effect which is commonly sought by government for its funded community sport development programmes (Coalter, 2007a, 2013; Pringle *et al*., 2018). Indeed, the government's neoliberal approach to policy-making which increasingly constrained SE to demonstrate cost and outcome effectiveness and legitimize sport-for-health in a target-hitting climate resulted in the implementation of IPAQ, which was referred to by senior representatives of SE as the 'best of a bad bunch'. At times it appeared as though SE were powerless in the decision-making process, particularly given sport's marginalized policy position and the need to demonstrate its effectiveness in achieving non-sporting objectives and addressing wider social issues to government (Coalter, 2007a, 2013; Mansfield, 2016; Smith *et al*., 2019; Weed, 2016, 2017). It is, therefore, important for future governments to reconsider the emphasis placed upon their neoliberal principles and ideologies which inform many of its policies, including in relation to sport and health. Enabling SE to invest in the development of more adequate tools to measure the degrees of success of

their funded programmes in a less constrained environment may allow for a greater understanding of what works, for whom, why, and in what circumstances in analyses of community sport development programmes (Coalter, 2007a, 2013; Pawson, 2006, 2013). The approach revealed in this study appeared to have been a missed opportunity and a mis-use of valuable resources and investments.

If future sport policies and programmes like *AB* are to be successful, policy-makers must be more aware of the dynamic networks of interdependent relationships (or figurations) which exist on a face-to-face and non-face-to-face basis, and how they come to constrain policy formulation and enactment (Bloyce et al., 2008; Smith et al., 2019). Indeed, if more successful policy formulation and enactment is sought by government policy-makers should establish more effective working relationships with all groups involved in the policy process, particularly among those who constitute seemingly less powerful groups. In doing so, the wants and needs of partners and those who are the targets of policy (such as *AB* and LNI populations) would be more likely to be understood, which may in turn enhance the degree to which policy is able to enable participants to overcome the challenges they face. At present, on the evidence presented here, it appears only the thoughts and views of those from seemingly powerful positions, such as the government and PHE, are prioritised when formulating and enacting sport policy and this comes to limit the degree to which policy is enacted as intended and increase the production of unintended (often unwanted) outcomes. Although Elias' (1978, 2012a) concept of power and its unequal distribution appeared to adequately explain the actions and behaviours of policy-makers, a great re-distribution of power among the various individual and groups involved in the policy process may be warranted if policy is to be more effective in meeting the needs of its

intended beneficiaries. Given the enabling and constraining elements of the figurations examined in the current study, a more balanced consultation would be recommended where the views of as many individuals and groups are considered with equal value. This may present various new challenges for policy-makers, but these must be negotiated effectively if the policy aspiration for improving the lives of men such as those involved in *AB* and LNI is more likely to be realised (Bloyce et al., 2008; Smith et al., 2019).

In the present policy and political climate, however, the pressure to generate evidence which confirms the ideological views that sport can contribute to wider social outcomes, such as health, led to the collection of questionable data generated by inadequate tools which were made to 'work'. The development of a more adequate tool for monitoring and evaluating the extent to which sport programmes, such as *AB*, are able to contribute towards government sport and health policy goals would have helped (alongside other methods) develop greater understanding of sport's ability to achieve wider social outcomes related to health. However, even if a more adequate tool was found many have argued that a more appropriate approach would be for government to address the causes of the causes, rather than continuing to use sport to address complex social issues such as inequality which have deep historical roots (Dorling, 2013, 2018; Engels, 1846; Marmot, 2015, 2017; Wilkinson and Pickett, 2010, 2018). Sport policy and development programmes, such as *GHGA* and *AB*, in isolation may have helped to improve individual and population-level physical activity through sport by overcoming barriers such as affordability and access to facilities, but this approach is limited given that it presumes that those targeted have the ability to control their lives and make their choices freely (Dorling, 2018; Marmot, 2015, 2017).

It is argued that a more effective approach would be for government to develop policies that address the broader social causes of inequality which have been shown convincingly to impact on inequalities in sport participation and health (Kay, 2016; Marmot, 2015, 2017; Wilkinson and Pickett, 2010, 2018). In particular, there have been calls for government to narrow the stark income and wealth inequalities which exist in the UK if health, and other social problems, are to be improved given the deeply disempowering nature of poverty which creates additional challenges for positive health behaviours to be adopted (Dorling, 2018; Marmot, 2015, 2017; Wilkinson and Pickett, 2010, 2018). Despite the claims of sport policy, which often include an ability to provide social outcomes in areas such as social development (HMG, 2015; DCMS/Strategy Unit, 2002; SE, 2016a), there was limited evidence of this in the current study, with *AB* participants only benefitting from the development of bonding forms of social capital. Furthermore, LNI participants felt there were other social factors which inhibited the likelihood of them ever attending a sport programme like AB and doubted whether a sport development programme could ever support them in overcoming these obstacles, suggesting there may be a need for more drastic changes to the conditions and contexts in which people live to support the achievement of sport and health policy goals government seek (Dorling, 2018; Kay, 2016; Marmot, 2015, 2017; Wilkinson and Pickett, 2010, 2018).

Limitations and future research directions

As noted above, a notable strength of the current study was the insight gained into the interdependent relationships which existed between various individuals and groups who constituted the sport policy figuration. However, representatives of one group who were not represented in the study was that of central government, specifically its

departments related to sport and health. Although the researcher attempted to gain consent from those who worked in the DCMS and PHE and were responsible for the formulation and enactment of *SF* (HMG, 2015), this request was declined. If it had been possible to interview policy-makers from sport and health it would have enabled the researcher to develop an even greater understanding of the decision-making processes of government policy-makers (especially in relation to *GHGA*) and explain how and why the constraints felt by others in the sport policy figuration were experienced as such (Nicholls *et al*., 2010).

A further limitation of this study is that many of the *AB* and LNI men who were interviewed did not fall in the 35-50 age group who were originally intended to be recruited to *AB*. Although the vast majority of the men included in the study lived in areas with high levels of deprivation, these areas were not necessarily in North Liverpool as specified in the *AB* eligibility criteria, with many of these men also exceeding the upper age limit of 50-years-old. Ideally the researcher would have liked to engage more men aged 35-50 from North Liverpool, but the sample of interviewees reflected the cohort of men who were actually recruited to, and engaged in, the programme. That men whose age fell outside this age band were allowed to engage in the programme was, however, informative in itself since it reflected something of the constraints imposed on EitC staff to recruit the required target numbers to *AB*. It was also not possible – because of the nature of the commitments made to funders – to interview women, whose views and experiences of community sport programmes like *AB* are also important to understand. This would have helped to investigate whether any gendered experiences of sport and health existed, and how these could have been addressed, via the *GHGA* programme. Understanding the impacts of imposing age-

related eligibility criteria on community sport programmes, and whether this may deter potential participants from engaging in them or helps delivery staff target their activities effectively, is something which could be explored in future research.

The final limitation of this study is its lack of inclusion of data generated by the IPAQ which might have assisted in providing a more rounded evaluation of the extent to which the government sport and health policy goals were achieved through *GHGA* and *AB*. It was the researcher's intention to include these data at the outset of the study, but for reasons explained in previous chapters, the methodological challenges and weaknesses of the method and the data generated by them meant that this was decided against. Given the concerns which others have articulated about the use of IPAQ in other similar studies (e.g. Cavill *et al*., 2012), and the challenges other *GHGA* programmes have encountered with its use, future studies may wish to select a more appropriate questionnaire/tool to help measure the achievement of sport and health outcomes by sport development programmes like *AB*. It is important, though, that as the findings in this study indicated – that researchers should not overburden participants and delivery staff with requests to undertake the monitoring and evaluation of programmes. This may be particularly problematic if conducting research through working collaboratively with a delivery organisation, as was the case in the current study, where there are existing requirements from funders for participants to complete lengthy questionnaires.

Other opportunities for future research lie in the further testing – empirically and theoretically – of the adequacy of the figurational approach in explaining sport policy processes and the extent to which government can achieve its sport and health policy

goals. This may involve further testing whether the key figurational concepts used in this study (i.e. figurations, interdependence, process, power, (un)intended outcomes and habitus) can help develop greater understanding of how sport policy is formulated and enacted. Of particular importance for future research will be the inclusion – if practically possible – of government sport and health policy-makers' views and experiences given their significantly powerful position within the sport policy figuration (Nicholls *et al*., 2010). Doing so would enhance understanding of the policy process further and allow for greater explanation of the extent to which the intended government policy goals can be achieved and provide further clarity about why numerous unintended, often undesirable, outcomes typically occur during the formulation and enactment of government policy.

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Appendices

Appendix One: IPAQ

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (August 2002)

SHORT LAST 7 DAYS SELF-ADMINISTERED FORMAT

FOR USE WITH YOUNG AND MIDDLE-AGED ADULTS (15-69 years)

The International Physical Activity Questionnaires (IPAQ) comprises a set of 4 questionnaires. Long (5 activity domains asked independently) and short (4 generic items) versions for use by either telephone or self-administered methods are available. The purpose of the questionnaires is to provide common instruments that can be used to obtain internationally comparable data on health–related physical activity.

Background on IPAQ

The development of an international measure for physical activity commenced in Geneva in 1998 and was followed by extensive reliability and validity testing undertaken across 12 countries (14 sites) during 2000. The final results suggest that these measures have acceptable measurement properties for use in many settings and in different languages, and are suitable for national population-based prevalence studies of participation in physical activity.

Using IPAQ

Use of the IPAQ instruments for monitoring and research purposes is encouraged. It is recommended that no changes be made to the order or wording of the questions as this will affect the psychometric properties of the instruments.

Translation from English and Cultural Adaptation

Translation from English is supported to facilitate worldwide use of IPAQ. Information on the availability of IPAQ in different languages can be obtained at www.ipaq.ki.se. If a new translation is undertaken we highly recommend using the prescribed back translation methods available on the IPAQ website. If possible please consider making your translated version of IPAQ available to others by contributing it to the IPAQ website. Further details on translation and cultural adaptation can be downloaded from the website.

Further Developments of IPAQ

International collaboration on IPAQ is on-going and an ***International Physical Activity Prevalence Study*** is in progress. For further information see the IPAQ website.

More Information

More detailed information on the IPAQ process and the research methods used in the development of IPAQ instruments is available at www.ipaq.ki.se and Booth, M.L. (2000). *Assessment of Physical Activity: An International Perspective*. Research Quarterly for Exercise and Sport, 71 (2): s114-20. Other scientific publications and presentations on the use of IPAQ are summarized on the website

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

   _____ **days per week**

   ☐ No vigorous physical activities → ***Skip to question 3***

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

   _____ **hours per day**

   _____ **minutes per day**

   ☐ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

   _____ **days per week**

   ☐ No moderate physical activities → ***Skip to question 5***

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

☐ Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

_____ **days per week**

☐ No walking → ***Skip to question 7***

6. How much time did you usually spend **walking** on one of those days?

_____ **hours per day**

_____ **minutes per day**

☐ Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

_____ **hours per day**

_____ **minutes per day**

☐ Don't know/Not sure

Finally, I'd like you to think about any **Sport** that you have done in the **last 7 days**. By **Sport** we mean any competitive or non-competitive sporting activity, including sessions of deliberate exercise such as running or jogging. Think only about those sports or exercises that you did for at least 10 minutes at a time.

8. During the last 7 days how many days did you take part in any **sport**?

   _____ **days per week**

   ☐ No sport ***Skip to end*** 

9. How much time did you usually spend doing sport on one of those days?

   _____ **hours per day**

   _____ **minutes per day**

   ☐ Don't know/Not sure

This is the end of the questionnaire, thank you for participating.

Appendix Two: AB and LNI Information Sheet

Participant Information Sheet – Active Blues and Lads Night In (semi-structured interviews and group interviews)

Study title: Active Blues: Promoting Men's Health through a Sport-Based Community Programme in Liverpool

You are being invited to take part in a research project as part of the Active Blues programme. Before you decide whether to take part or not, it is important that you understand why the research is being undertaken and what it will involve. Please take your time to read the following information carefully. You should ask Tom Duffell or delivery staff to explain anything that you do not understand or are unsure about.

What is the purpose of the project?
The purpose of the project is to ask you some questions about your time on the Active Blues project and what you liked and disliked about it. You will also be asked some questions about your health and what you think about the sport sessions you have attended.

Why have I been chosen to take part?
You have been chosen to take part because you are already involved in Active Blues in some form and may be able to help explain to us what you think about the project.

What will I be asked to do?
If you agree to take part, you will be asked to take part in a semi-structured interview or group interview lasting no more than one hour at a time convenient for you at Goodison Park. With your permission, the interview will be audio recorded. The recording can be stopped at any time should you request this.

What happens after I have taken part?
After you have taken part, Tom Duffell and researchers at the University will analyse what you have said during the interview. A copy of the interview transcript can be sent to you once it is available and you will have up to two weeks to make any amendments you wish to include. Should you wish to receive a copy of the main findings of the project, these will be provided to you as soon as possible after the research has been completed.

If I take part, will my participation be anonymous and confidential?
Yes. When the results are written-up, no one will be able to identify you, your address or any other personal information. When I write up the study all names of people involved, including the names of individuals, locations and other identifiable information, will be changed to protect your identity, and no one other than me will know that you have taken part in the study.

To comply with the Data Protection Act, any information collected about you that could identify you will be stored on a password-protected computer and USB, and in a secure safe that only the researchers have access to. On

completion of the research, the original copy of the interview recordings, as well as hand-signed consent forms, will be securely destroyed in line with the requirements of the Data Protection Act.

The purpose of the interview is not to obtain personal information on experiences of health. Should you wish to divulge any personal information, or would like to discuss matters related to your health more generally, the researchers are of course willing to discuss your experiences and thoughts. However, the researchers do have an obligation to seek further guidance and help from appropriately qualified professionals should they feel that you (or another person) is in any immediate danger, for example in relation to mental illness. You will also be provided with general information about relevant health services should you wish to take these with you once you have completed the research.

What are the benefits of being involved?
If you agree to take part, you will be able to talk to the researchers about the Active Blues project and the opportunities and challenges of providing a sport-based programme for people like yourself. To assist with the development and design of future similar programmes through recommendations published in the research, you will also be provided with a copy of the key headline findings of the project should you like these.

What are the possible disadvantages/risks of taking part?
There are no intentional disadvantages or risks from taking part in the research as you already know what Active Blues is about, but given the nature of the topics to be discussed this may raise some concern or distress for you. If this is the case, you are asked to communicate this to the researchers who will make appropriate provision for this to be managed for you (as explained above).

What happens if you change your mind about being involved?
Your participation in this study is completely voluntary and you are free to withdraw from the study at any time while you are involved and up to four weeks after the research has been completed. It should be stressed that if you decide not to take part, or decide to withdraw from the project having originally agreed to do so, this will not result in your participation, or that of your young people, in other aspects of Active Blues being compromised.

Thank you very much for taking the time to read this information. If you have any questions regarding this project, please contact me using the details below.

Tom Duffell
Department of Sport and Physical Activity
Edge Hill University
St Helens Road
Ormskirk
L39 4QP

Appendix Three: AB and LNI Informed Consent Form

Informed Consent Form – Active Blues and Lads Night In

Study title: Active Blues: Promoting Men's Health through a Sport-Based Community Programme in Liverpool

Name of Researcher: Tom Duffell

Type of Research: Semi-structured interviews and group interview

Please tick (✓) all boxes and date and sign as required below:

A. By ticking this box, I confirm that I have read and understood the information sheet for the study and I understand what is expected of me. ☐

B. By ticking this box, I confirm that I have been able to ask any questions I have about the project and that any questions I have asked have been answered appropriately. ☐

C. By ticking this box, I understand that my participation in this study is voluntary. ☐

D. By ticking this box I understand that I can withdraw from the study at any point up to 4 weeks after completing the questionnaires, semi-strcutured interview/group interview without having to give a reason and without facing any penalties. ☐

E. By ticking this box, I understand that if I decide not to take part, or decide to stop taking part in the project, I can still be involved in Active Blues. ☐

F. By ticking this box, I am aware that my identity and details will not be disclosed by the researcher to anyone. I also agree that my contribution to this study will be anonymised by giving me a false name. ☐

G. By ticking this box, I give my consent to the audio-recording of my interview. ☐

H. By ticking this box, I understand that all data about me within this study will be stored securely and safely on a password-protected USB and personal laptop. ☐

Your name: _____Date: _____ Sign: _____

Researcher's name: _____ Date: _____ Sign: _____

Appendix Four: Staff Participant Information Sheet

Participant Information Sheet –Staff

Study title: Active Blues: Promoting Men's Health through a Sport-Based Community Programme in Liverpool

You are being invited to take part in a research project as part of the Active Blues programme. Before you decide whether to take part or not, it is important that you understand why the research is being undertaken and what it will involve. Please take your time to read the following information carefully. You should ask Tom Duffell to explain anything that you do not understand or are unsure about.

What is the research about?
The purpose of the research is to ask you some questions about your perceptions of the Active Blues project, your experiences of the roles you have performed, and aspects of the programme you felt were successful and/or unsuccessful.

Who is involved in the research project?
The project is being led by Tom Duffell who is Lead Researcher of Active Blues. Tom is being assisted by Professor Andy Smith from Edge Hill University.

Why have I been chosen to participate?
You have been chosen to take part because you are involved in Active Blues. You have also been chosen because you may be able to help us to understand how the project has been delivered in practice, how (if at all) you feel it has contributed to your personal development, and how you have found working on the project.

What will I be asked to do?
If you agree to take part, you will be asked to take part in a semi-structured interview lasting no more than one hour at a time and venue convenient for you. With your permission, the interview will be audio recorded. The recording can be stopped at any time should you request this.

What happens after I have taken part?
After you have taken part, Tom Duffell and researchers at the University will analyse what you have said during the interview. A copy of the interview transcript can be sent to you once it is available and you will have up to two weeks to make any amendments you wish to include. Should you wish to receive a copy of the main findings of the project, these will be provided to you as soon as possible after the research has been completed.

If I take part, will my participation be anonymous and confidential?
Yes. When the results are written-up, no one will be able to identify you, your place of work, or any other personal information. When I write up the study all names of people involved, including the names of individuals, locations and other identifiable information, will be changed to protect your identity, and no one other than me will know that you have taken part in the study.

To comply with the Data Protection Act, any information collected about you that could identify you will be stored on a password-protected computer and USB, and in a secure safe that only the researchers have access to. On completion of the research, the original copy of the interview recordings, as well as hand-signed consent forms, will be securely destroyed in line with the requirements of the Data Protection Act.

The purpose of the interview is not to obtain personal information on experiences of health. Should you wish to divulge any personal information, or would like to discuss matters related to your health more generally, the researchers are of course willing to discuss your experiences and thoughts. However, the researchers do have an obligation to seek further guidance and help from appropriately qualified professionals should they feel that you (or another person) is in any immediate danger, for example in relation to mental illness. You will also be provided with general information about relevant health services should you wish to take these with you once you have completed the research.

What are the benefits of being involved?
If you agree to take part, you will be able to talk to the researchers about the Active Blues project, how (if at all) you have developed personally during the project, and to help us to understand how the project has been delivered in practice. You will also be provided with a copy of the key headline findings of the project should you like these.

What are the possible disadvantages/risks of taking part?
There are no intentional disadvantages or risks from taking part in the research as you already know what Active Blues is about, but given the nature of the topics to be discussed this may raise some concern or distress for you. If this is the case, you are asked to communicate this to the researchers who will make appropriate provision for this to be managed for you (as explained above).

What happens if you change your mind about being involved?
Your participation in this study is completely voluntary and you are free to withdraw from the study at any time while you are involved and up to four weeks after the research has been completed. It should be stressed that if you decide not to take part, or decide to withdraw from the project having originally agreed to do so, this will not result in you suffering any negative consequences, such as unfair discrimination or receiving a reduction in the level of supervision from your line manager. Nor will it compromise your involvement in other aspects of Active Blues.

Thank you very much for taking the time to read this information. If you have any questions regarding this project, please contact me using the details below.

Tom Duffell
Department of Sport and Physical Activity
Edge Hill University

Appendix Five: Staff Informed Consent Form

Informed Consent Form –Staff

Study title: Active Blues: Promoting Men's Health through a Sport-Based Community Programme in Liverpool

Name of Researcher: Tom Duffell

Type of Research: Semi-structured interviews

Please tick (✓) all boxes and date and sign as required below:

A. By ticking this box, I confirm that I have read and understood the information sheet for the study and I understand what is expected of me. ☐

B. By ticking this box, I confirm that I have been given opportunity to ask questions about the study and that any questions I have asked have been answered appropriately. ☐

C. By ticking this box, I understand that my participation in this study is voluntary. ☐

D. By ticking this box I understand that I can withdraw from the study at any point up to 4 weeks after completing the semi-structured interview without having to give a reason and without facing any penalties. ☐

E. By ticking this box, I am aware that my identity and details will not be disclosed by the researcher to anyone. I also agree that my contribution to this study will be anonymised by giving me a false name. ☐

F. By ticking this box, I give my consent to the audio-recording of my semi-structured interview. ☐

G. By ticking this box, I understand that all data about me within this study will be stored securely and safely on a password-protected USB and personal laptop. ☐

Your name: _____Date: _____ Sign: _____

Researcher's name: _____ Date: _____ Sign: _____

Appendix Six: Interview Schedules

Active Blues Group Interview Questions

1. **AB programme design**

- What made you want to attend AB?
- What is it that you have enjoyed about the AB sessions?
- How has the age criteria affected your experience of attending AB?
- How have the times at which the sessions are delivered at impacted your attendance?
- Does it matter that AB sessions are free?

2. **Brand of a professional football club**

- Did it matter what organisation delivered the AB programme?
- Would you attend if EitC did not deliver the programme?
- If EitC stopped delivering the sessions now, and a different organisation took over this responsibility would you continue to attend?

3. **Changes**

- Do you feel any different now compared to before you started attending AB?
- Do you feel any other aspects of your life have changed away from AB (such as socialising) or are they the same?
- Are you taking part in any additional PA/sport sessions other than AB?
- Would you be interested in taking part in any additional sports other than football/walking football?

4. **Incentives**

- If incentives were provided to sustain your involvement in AB how would this impact your attendance?
- Does having former players attend weekly sessions make any difference to your experience at AB?
- If EitC stopped delivering the sessions now, and a different organisation took over this responsibility would you continue to attend?

‘Lads Night In’ Group Interview Questions

Lads Night In

- Who have you come with this evening and why?
- What made you come to the event tonight?
- Have you attended other events similar to this one? What was that and what made you attend?
- Do you know about other similar events to this one that the club has held in the past? Did you attend? Why?
- What would encourage you to come to future events like this one?

Active Blues

- What do you know about Active Blues?
- What do you think about Active Blues?
- Is it something you would be interested in attending? Why?
- If yes, is it something you would do weekly?
- If no, what would stop you from attending?
- What, if anything, would make you more likely to attend?
- Would you be interested in a programme like Active Blues if it was offered by a different organisation? Why?

Probes

- Can you tell me more about…..?
- Why is that?
- Tell me more about that?
- Can you give me an example of what you are talking about?
- Could you expand on that?

Semi-Structured Interview Guide - Lads Night In attendees

1. Lads Night In

- How did you find out about Lads Night In?
- What made you come to the Lads Night In?
- What did you enjoy most about the night?
- What did you enjoy least about the night?
- Does it matter that the event was held at Goodison?

2. Active Blues

- What do you think about Active Blues?
- Would you ever attend something like Active Blues?
- If not, why not?
- What, if anything, could be done to encourage you to attend?
- If you would like to attend, but feel you wouldn't be able to, what things are happening in your life that would stop you?
- What things in your life are more important than attending Active Blues?
- Have you been involved in other sport-based programmes before?
- Are you currently involved in other sport-based programmes?

3. Brand of a professional football club

- (Is it the brand of the club, charity, and/or Everton [brand] which is key?)
- Would you have attended the Lads Night In if it wasn't hosted by EitC?
- Does it matter that Active Blues is run by EitC?
- Would you attend the programme if it was led by an organisation other than a professional football club?
- If rewards/incentives were provided by Everton, would this influence your decision to get involved in the programme?

4. Sporting biographies

- Are you currently **physically active**? If so, in what kinds of activities are you currently involved? When did you first start taking part in these activities?
- When did you first get involved in **sport**?
- How did you first get involved in sport?
- Who first got you involved in sport?
- How has your participation in sport changed since you first got involved (primary, secondary and post-16)?
- When did your sport participation first begin to drop-off?
- Why did your participation begin to drop-off?
- When did you first drop-out from sport?
- Why did you first drop-out from sport?
- Did you ever return to sport having originally dropped out? Why/why not?
- How often did you try to do this? With whom did you try to get back in to sport?

- Did the types of activities you have tried to engage changed as you have got older?
- How have you found trying to get back into sport?
- Why did you try getting back into sport having originally dropped out?

Semi-Structured Interview Guide - Active Blues participants

1. Experiences of Active Blues

Thoughts on the programme

- What do you think about Active Blues?
- Which parts have you enjoyed the most?
- Which parts have you enjoyed the least?
- If you could change one thing about Active Blues, what would you do? Why?

Sports and people

- What is the main sport(s) you attended on Active Blues?
- Did you enjoy any of the other sports on offer?
- What do you think about the coaches who have provided the Active Blues sessions?
- What appealed to you about Active Blues?
- What made you stay involved with or leave Active Blues?
- Would you change anything about how the sessions are run on Active Blues? If so, what would this be and why?

Impacts on knowledge, attitudes and behaviour

- What, if anything, have you learnt from attending Active Blues?
- Has Active Blues helped you think differently about your health? How/why?
- Have you started to do anything differently at home/work that you did not do before you started Active Blues?
- Have you stopped doing anything at home/work that you did before you started Active Blues?
- Do you attend any of the sports from Active Blues anywhere else?
- Since taking part in Active Blues, have you felt more or less confident meeting and socialising with others?
- Have you developed any new relationships with others on Active Blues?
- Do you meet outside of Active Blues or just at the sessions you attend?
- Is socialising with others any different now compared to before you started Active Blues? How/why?
- Has it been important to meet others on Active Blues who are the same as you? Has this kept you coming?
- What was life like before Active Blues? What is life like now?

2. Brand of a professional football club

- (Is it the brand of the club, charity, and/or Everton [brand] which is key?)
- How did you find out about Active Blues?
- What influenced your decision to attend Active Blues initially?
- Does it matter that the project was led by EitC?
- Would you stop attending if the session was led by an organisation other than a professional football club?
- Did the rewards provided by Everton influence your decision to continue your involvement in Active Blues?

-

3. Sporting biographies

- When did you first get involved in **sport**?
- How did you first get involved in sport?
- Who first got you involved in sport?
- How has your participation in sport changed since you first got involved (primary, secondary and post-16)?
- When did your sport participation first begin to drop-off?
- Why did your participation begin to drop-off?
- When did you first drop-out from sport?
- Why did you first drop-out from sport?
- Did you ever return to sport having originally dropped out? Why/why not?
- How often did you try to do this? With whom did you try to get back in to sport?
- Were you physically active prior to attending Active Blues?

Staff semi-structured interview guide (coaches)

1. Your role and responsibilities

- How and when did you first get involved in EitC?
- Can you describe what your current role involves?
- How long have you been in your current role?
- How, if at all, has your role changed during your time at EitC?
- How do you feel about the ways in which your job has changed/stayed the same?
- In an ideal world, what would your current role be about?
- Is this what you do in practice? Why/why not?

2. Your role on Active Blues

- How and why did you get involved in Active Blues?
- What do you think about Active Blues?
- What is the aim of the Active Blues programme?
  What did you expect Active Blues to be about when you first started?
- How has it worked in practice? Is your role on Active Blues what you expected it to be? If so, why? Or why not?
- How, if at all, would you change your role on Active Blues?

3. Working on Active Blues

- What, if anything, have you liked about working on Active Blues?
- What, if anything, have you disliked about working on Active Blues?
- How have you found recruiting 35-50-year-old male participants to Active Blues? What have been the most/least effective strategies you have adopted?
- What do you think has been the most effective method for sustaining men's involvement in Active Blues and preventing drop out?
- What, if anything, have caused the men to drop out?
- What sports/activities have been the most popular among the participants? Why do you think these have been particularly attractive?

4. Monitoring and evaluating Active Blues

- What are your thoughts on the questionnaires you have been asked to get participants to complete?
- How, if at all, have you tried to get the participants to complete the questionnaire?
- How have these questionnaires been received by participants?
- Have you ever been asked to use these kinds of questionnaires before?
- Have you had any other experience of gathering evidence to monitor and evaluate the impact of your work?
- Have you ever been trained to monitor and evaluate the programmes you deliver?

- Is monitoring and evaluating programmes something you are interested in?
- What do you think is the purpose of monitoring and evaluating programmes like Active Blues?

5. Impact and engagement of the programme

- What, if anything, has been the most successful part(s) of Active Blues?
- What, if anything, has been the least successful part(s) of the programme?
- How would you describe the men's engagement on Active Blues?
- How, if at all, have the men changed since being involved in the programme?
- What about their relationships with each other?
- What, if anything, have the men said to you about their experiences of Active Blues?
- Have you noticed any difference in the way the men socialise during their time attending Active Blues?

6. Opportunities and challenges encountered during Active Blues

- What, if anything, have been the major benefits to you and the charity of delivering Active Blues?
- What, if any, have been the major challenges to you and the charity of delivering Active Blues?
- How have you found delivering the sports sessions?
- How have you found working with so-called hard-to-engage men?
- What, if anything, have you learnt from working with hard-to-engage men on Active Blues?
- What, if any, do you think are the main aspects of the project that sustained the men's involvement?
- If you could change anything about Active Blues, what would you do? Why?

7. The importance of the brand of a professional football club

- Do you know how most of your participants first heard about Active Blues? If so, how?
- What initially do you think influenced the men's decision to attend Active Blues?
- Do you think it was important that the project was led by EitC? Why? What makes you think this?
- Do you think the men would stop attending the sessions if they were led by an organisation other than a professional football club? Why? What makes you think this?
- Do you think that the incentives provided were a factor in sustaining the men's involvement in Active Blues? Why? What makes you think this?

8. Knowledge of Sport England and Get Healthy, Get Active

- What, if anything, do you know about Sport England?
- What, if anything, do you know about their Get Healthy, Get Active initiative?
- Are you aware of the aims and objectives of the Get Healthy, Get Active programme? How have you been made aware of these?
- Do you know how this initiative relates to Active Blues?
- Do you work with funders and other partners?
- Do you know what Sport England and government policy objectives Active Blues is expected to contribute to?
- Have you ever heard of Towards an Active Nation and Sporting Future?
- Is there anything else you would like to add about your experiences of working on the Active Blues programme that we haven't explored?

Staff semi-structured interview guide (EitC senior representative)

1. Your role and responsibilities

- How and when did you first get involved in EitC?
- Can you describe what your current role involves?
- How long have you been in your current role?
- In an ideal world, what would your current role be about?
- Do you feel that you are able to do this in practice? (If not, why not?)

2. Your role on Active Blues

- Can you tell me about why you decided to submit the bid for AB to Sport England?
- Why and how did you decide to develop the bid in the way you did?
- What is your role on the Active Blues programme?
- Is your role on Active Blues what you expected it to be?
- Why you decided to focus on this population of men from these four wards?
- How did you decide on the eight sports that were initially advertised?
- How did you go about establishing the numerous partnerships for Active Blues?
- Can you explain why you established these partnerships?

3. Impact and engagement of the programme

- What, if anything, has been the most successful part(s) of Active Blues?
- What, if anything, has been the least successful part(s) of the programme?
- How, if at all, do you feel other programmes that you run at EitC have impacted on the men's engagement in Active Blues?
- What have been the major opportunities/benefits to you and the charity of delivering Active Blues?
- What have been the major challenges to you and the charity of delivering Active Blues?
- How have you found recruiting men as part of the programme?
- How have you found working with so-called hard-to-engage men?
- What, if anything, have you learnt from working with hard-to-engage men on Active Blues?
- What, if any, do you think are the main aspects of the project that sustained the men's involvement?
- If you could change anything about Active Blues, what would this/these things be and why?

4. The importance of the brand of a professional football club

- Do you know how most of your participants first heard about Active Blues? If so, how? Do other programmes play a role in this?

- What initially do you think influenced the men's decision to attend Active Blues?
- Do you think it was important that the project was led by EitC? Why? What makes you think this?
- Do you think the men would stop attending the sessions if they were led by an organisation other than a professional football club? Why? What makes you think this?
- Do you think that the incentives provided were a factor in sustaining the men's involvement in Active Blues? Why? What makes you think this?

5. Monitoring and evaluating Active Blues

- How have the questionnaires been completed?
- How has this worked in practice?
- What are your thoughts on the questionnaires you have been asked to get participants to complete?
- Would you approach this any differently in the future?
- Have you ever been asked to use these kinds of questionnaires before?
- Have you had any other experience of gathering evidence to monitor and evaluate the impact of your work?
- How have you found this compared to other programmes you have worked on?
- Is monitoring and evaluating programmes something you are interested in?
- What are your thoughts of the quarterly reviews which are requested by Sport England?
- Have you used any of the findings from these reviews to inform practice?
- Have the reviews been useful?

6. Knowledge of Sport England and Get Healthy, Get Active

- Can you tell me what you know about Sport England and their Get Healthy, Get Active initiative?
- Are you aware of the aims and objectives of the Get Healthy, Get Active programme? How have you developed your understanding of this initiative?
- How do this initiative's aims and objectives relate to Active Blues?
- What Sport England and government policy objectives is Active Blues expected to contribute to?
- What do you think about Towards an Active Nation and Sporting Future?
- How have you develop your understanding of these policies?
- What are the implications of the policies for you?

- Is there anything else you would like to add about your experiences of working on the Active Blues programme that we haven't explored?

Semi-structured interview guide (Sport England)

1. **How was the GHGA fund developed?**

- Who was involved in its development?
- Were any specific policies used to inform the GHGA fund?
- What was the reason for its development?
- What was the initial aim of the GHGA fund?
- How long did it take to agree on the aims and objectives of the fund?
- Were there any changes made after the learning from phase 1?

2. **How does GHGA fit strategically alongside the priorities of your other health focused work?**

- What other health focused work is currently being carried out by SE?
- Do any of the other health programmes/work link with GHGA?
- Was this the initial intention or has this occurred over time?
- Is GHGA seen as a main priority by SE when compared to other initiatives?
- Has this changed with the publication of the new policies by DCMS and SE since GHGA launch?

3. **How were the GHGA objectives established?**

- Who was involved in the decision making process?
- What evidence was used in the development, if any?
- Did policy influence these decisions?
- Were there any other influences other than evidence and policy?
- What was the method adopted in order for everyone involved to agree on decisions?
- Have any of the initial objectives changed?
- Would you change any of the initial objectives given what you know now?

4. **How were the GHGA M&E priorities established?**

- How was IPAQ selected?
- Who was involved in this?
- How was the information contained in the monitoring forms selected?
- How were the time periods for submitting the M&E forms selected?
- Has anything changed since the beginning?
- Would you changed anything given what you know now?
- Why were the 1x30 figures important?
- How did you reach the engagement and 1x30 targets for each programme?

- Have there been any difficulties with determining physical inactivity?
- How do you intend to utilise the outcome figures produced by the funded programmes?
- What, if anything, do you think you have learnt from these outcome figure?

5. **How has the GHGA fund worked in practice and how has this aligned to your original intentions for the programme?**

- Has this changed with the new policy publications?
- Have you achieved what was intended at the beginning?
- Do you think there are any changes which could make it more likely for you to achieve these intended outcomes?
- Have organisations managed to conduct the M&E to the correct standards?
- Have you faced any challenges in ensuring the original intentions are adhered to?
- Have you reached the original targets for GHGA?
- What would you say are the most important things programmes need to do to ensure success?
- Are there any trends you have noticed from successful programmes? Are there any similarities in what they have done?
- What have you learnt from the M&E?